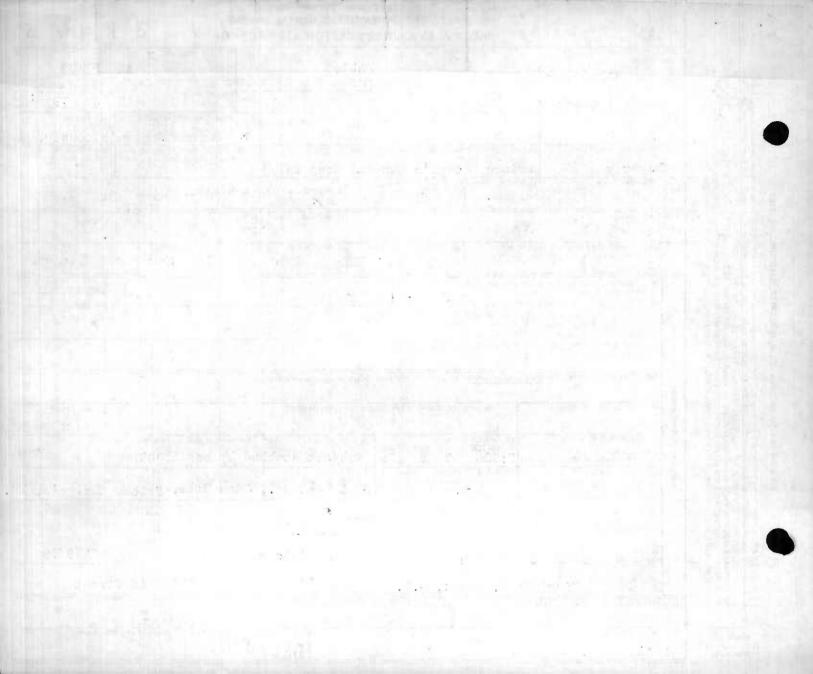
1			FOR			DE	PART	STA MENT OF	TE OF M	ARYLAI	ND ENTAL	HYGIEN	NE-s				
5		1-	STATE REGISTRAR					EXAMIN					/ 4	REG. NO	3 1	4/	5
			CEASED NAME OF PRINTS	E FIRST		٨	AIDDLE			LAST			20 DATE	KNOWN D		DAY YEAR	26 HOUR
	2 2 x 2 E	fine		lavton	na				Ab	1e			OF DEATH	MATED _	12	8 1979	
	STATE BET	3. SE)		RACE	3 DATE O	FBIRTH	YEAR	6. AGE (IN YE	ARS IF UN		_	R 24 HRS.	2c. DATE		MONTH	DAY YEAR	2d HOUR
	温料)	-	emale	Black		27-5!			RS.	S DAYS	HOURS	- WIN-	PRONOUN DEAD		12	8 19 79	2:55 PM
	C P RESTORES		RTHPLACE (S	TATE OR		N OF WHA	TCOUN	TRY?	8 MARRI	ED NE	EVER MAR	RIED		_	_	Y OF DEATH	
	A 3 3 4 7		D.C.			S.A.			WIDOW			CED 🔼	Prin	nce Ge	orge'	s Count	
	ELAY IS TO THE PAGE BE FILED	C	neverly	7	Prin	ce Ge	orge	RSING HOM TREET ADDRESS)	nera1			FOR	Nurs	ATION (TYPE CING LIFE)	OF WORK	OR INDUST	
21201	IF ANY DELAY IS NECESS 2, AND 3 TO THE FUNEY 3. A RETAIN PAGE 5 SHOULD BE FILED WITH I RECORDS, 301 W. PRES	13a. S		(IF IN NURSING HOM		TUTION, GIVE	RESIDENCE 13c. CITY Was	BEFORE ADMISS OR TOWN Sh.	ION)	13d INSIDE	CITY LIMITS?		FOR.	reste	er S	st. s.I	Ξ.
WD.	S 1, 2 PM 3 VD 2 S		THER'S NAME Layton		Able		N -	LAST		15. MOTH		DEN NAME	E MI	DOLE	7	Able	
ORE	PAGES FORM P FORM P FORM P FORM P	16a. V	AS DECEASE	DEVER IN U.S. A	RMED FORCE	S?	16h SOC	IAL SECURIT	Y NO.	17. INFOR.		1		ADDRESS	-		
BALTIMORE,	AFT NE NE SIO SIO		S, NO, OR UNKNO	(# YES, GI	VE WAR OR DATES)	2	98-56	0-63	5	Joy	/ce	Able	Mot	her	S.A.	Α.
	58-7-0	1	18 CAUSE O PART I DE	F DEATH (Enter	SED BY:	C		wound	of C	host						APPROXIMATE BETWEEN ONSET	T AND DEATH
NO	N 24 HO A ITEM 1 ALONG I PERMI' YGIENE,		911	IMMED	IATE CAUSE (d	1/		SEQUENCE		HESL							
RESI			Condition	ns, if ony, which	ch												
3	DTED WITH N PENCIL II EXAMINER BIAL-TRANSI MENTAL H OR REMOV.		couse (o)	se to immedia stating the unde	1	TO, OR AS	A CON	ISEQUENCE	OF								
0	EXA EXA RIAL OR		lying cou	se last.	((0	.)											
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	SHOULD BE EXECUT RRD "PENDING" IN CHIEF MEDICAL E USED AS A BURL OF HEALTH AND A IAL, CREMATION, O	Z	PART 2 OTNER SI	GNIFICANT CONDITIO			NOT RELA	TEO TO THE TERM	AINAL OISEASE	OR CONDITIO	ON GIVEN IN I	PART 1 (a),					
REC	HEAL	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b.	CONDITIO	N FOR	WHICH OPER	RATION W	AS PERFOR	RMED?					20 AUTOPSY	?
IAL	WORD "P WORD "P HE CHIEF D BE USEC ENT OF HI	IFIC	1.50													YES 🔯	NO 🗆
) F <	THE DE BE	CER		L CAUSE WAS	21b.	TIME OF IN	JURY	DAY VEA	21c. HC	OW INJURY	Y OCCURE	RED (ENTER	NATURE OF INJU	URY IN ITEM 18 P	PART 1 OR PAR		
NO	문투 이 이 등 이 이 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의	14	UNDERLYING	OR CAUSE O	F DEATH 2:	00 _{P.M.}	12	8 19 7	9 Su	bject	sta	bbed	by as:	sailan	it		
VIS	CERTING TING DED 1 DEPA PRIOR	ED	21d. INJURY C	CCURRED	12	PLACE OF				CATION	DE:		CITY OR TON		cou	AL ITY	STATE
ā	EX A A E	2	AT WORK	NOT WHILE AT WORK	**	hou		10.)	510	1 Dea	1 Dr	., Ox	on Hi	11, Pr	ince	George'	s, Md.
	TO MEDICAL EXAMINER: THIS CER! SECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEP BATTMORE, MARYLAND, 21201 PRIO		220. 1 certi deoth result	fy that I took cho	orge of the rem turol causes		bed obo		Autop:		Inspect		Inquiry termined mo		d in my op	inion	
0	EXA/ CERT JILD JIRE WITI ARYL		A CTUAL	1.1							SPECIFY)					10/0/	
	HOUNTH, F. WAL		ACTUAL SIGNATURE.	Vuge	ma L	Dolo	h_		M	D. Ass	sista	nt MED	CALEXAM	INER	DATE	12/9/7	/9
	EXECUTE TO MEDIC EXECUTE TO PAGE 4 S TO FUNER AFTER DEA BALTIMORI		EXAMINER'S (TYPE OR PRII	NAME Vir	ginia I	. Do1	an,	M.D.		ADDRESS_				111 Pe	nn S	treet	
	PAC PAC BALL	230. B	JRIAL, CREMA	TION,REMOVAL			23c. N	NAME OF CE	METERY O	R CREMAT	ORY	23d, LC	OCATION		COUN	TY ST	3TA
	BP		urial		12-13	-79		Nat.	Har	mony		em.	Lan	dove	c. A	Md.	
	DHMH - 17	24. FI	NERAL DIREC			ADDRESS						n () f	Y REGISTRA	R 255 REGIS	STRAR'S ST	IGNATURE	
	(VR A15 ME (5)) 30M 7/73	Fr	azier	F.H.	389	R.I		Ave	N.W.	D.C	DE	281	13/3				



	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE JOSEPH MOREGINO.	fiels 6
(M)		CEASED NAME FIRST	RY	AiLes		4 79 10: 30 M
ecch ors	3. SE	FEMALE	WHITE	5 DATE OF BIRTH OCT 7, 1892		IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dir n 72 hou	C	RTHPLACE STATE OR FOREIGN OUNTRY) SHINGTON. D. C.	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	PRINCE GEORGE	
by the furthfilled with	10 C	IYATTSVILLE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE SI CARROLL MAN)	RSING HOME OR OTHER INSTITUTION REET ADDRESS) R NURSING HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
in 24 hourst be er must be	13a	AL RESIDENCE (IF NURSING HOME OF 13b COURT PRI	NTY 13c. CITY OR T	TLLE YES NO [4922 LaSALLE	ROAD
ompletel ond 2		MILTON		LES MATHER'S MAIDEN	RY	GOWANS
be execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIALS E WAR OR DATES) 579=60			6 WOODBERRY ROA1 ESBURG, MIRGINIA
ST., BAL ertificate g physici conpoper remaval.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b ED BY: TE CAUSE (a)	East Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce he attendin emove carb motion, or r		Conditions, if any, which gove rise to immediate cause to stating the)	renescleratic !	Hear Diseas	2 years
ys, zut w.	z	underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF	RMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
an. has been t permit. The ene prior to ows ony inj	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN T ag physici certificate rial-transi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
NG PHYSICIAN The low required that this certificate has been signs of the buriol-transit permit. The thood Mental Hygiene prior to be acked or item 18 shows any injur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDIP spitol or CTOR: A I for use of Health			attended the deceased from	- 011	on death occurred an the date and hour	9 , that (I) (we) lost ond from the couses stoted
by the ho by the ho ERAL DIRE e detochere State Dept		22b. SIGNATURE	1. For	DEGREE ATTENDING PHYSICIAN		12/26/79
TO HOSPITAL TO FUNERAL should be det with the State		22d PHYSKIAN'S NAME (TYPE OF	J. Fosi	ter m.)	716 19th	U. W. Wask.
900 BP	(BURIAL, CREMATION, REMOVAL SPECIFY, BURIAL	12/29/79	ROCK CREEK	WASHINGTON, D.	COUNTY
DHMH - 16 50M 1/76 (VR A 15 (4))		NAME TO THE PROPERTY OF THE PR	IS J. COLLINGESS W., SILVER SPRI		IAN 2 1980	RAR'S SIGNATURE

WANTED THE CELL WATER THE COLUMN TO THE LOCAL COLUMN TO THE COLUMN LIGHT TALE STATE OF THE .D. S. . VIETERAT HEAV TESTE / 18-5

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 2b HOUR 4:20A 1979 ALEXANDER DEC 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER LYFAR 47 HOURS 17 1932 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES WIDOWED DIVORCED -11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY STORE (TYPE OF WORK FOR MOST OF WORKING LIFE) BOLLING BX 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 6811 INGRAHAM ST 15 MOTHER'S MAIDEN NAME FIRST MIODLE LAST PEARLINE NMI EARL ADDRESS 17 INFORMANT ROGER ALEXANDER 6811 INGRAHAM ST APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

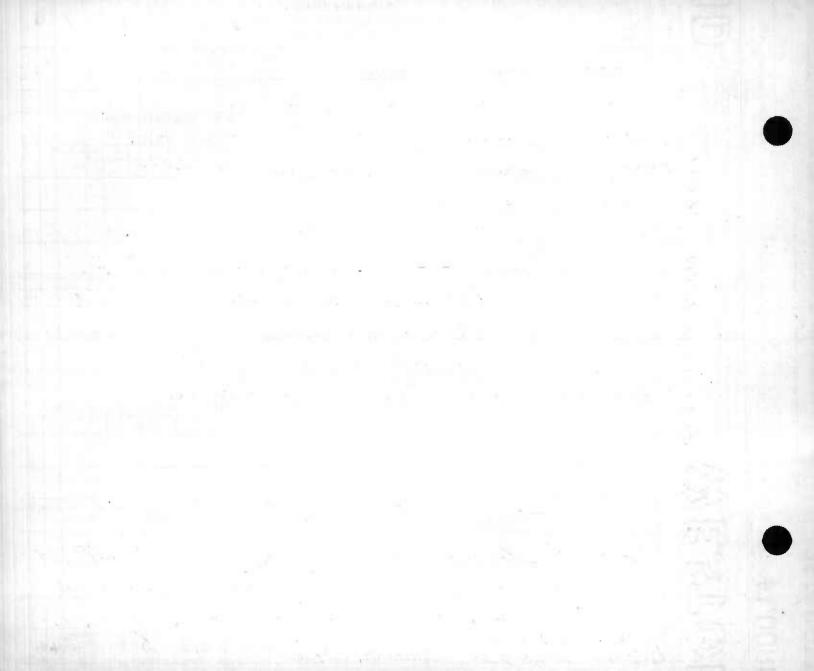
STATE

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE PENNSYLVANIA AVE S.E.

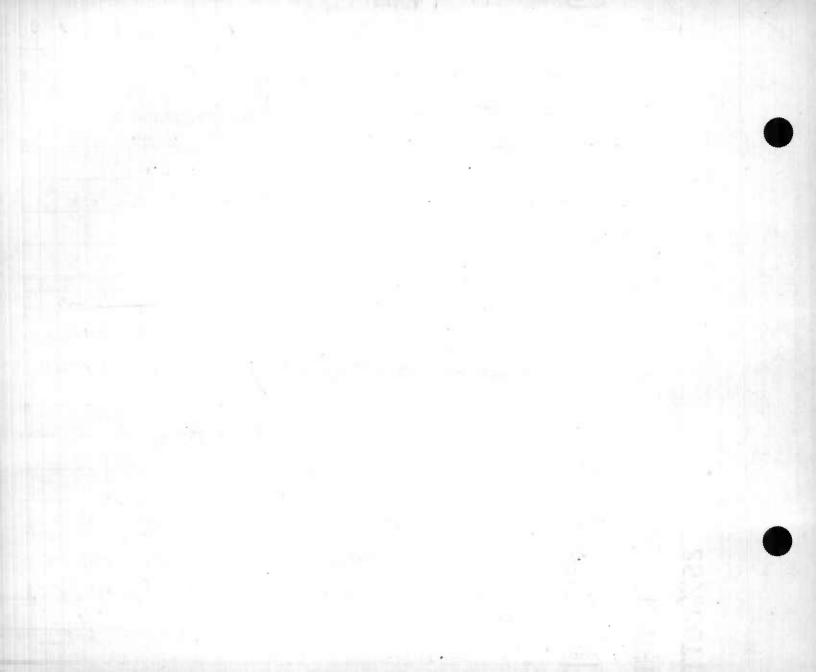
DHMH - 16 60M 1/75 (VRA 15 (4))

10:4 9	17 2 S DEG	120	AMELIA	₹	مد راه	
		17 3032 71	gave fire		TIM	stv.
	PHILICE CHOROES			ABU	ALUXOI	
CI	ME OUTING	VI.000	PERMITTERS AND	30077	817. 31. 12. 31.717.6.3	
	ESTE INCHANGE EST	٦ ٤)٠	T. V. L.		IXed	(Tay
	M. E. S.					
	TENTARORI LIGHTAN	TEGER ATREE	33 kc 5072	2		0.5
					Law Yell	
	destinations (m)	MARKATSAN TRAD	grand grand	of 5 few.		
				. 6 6.		

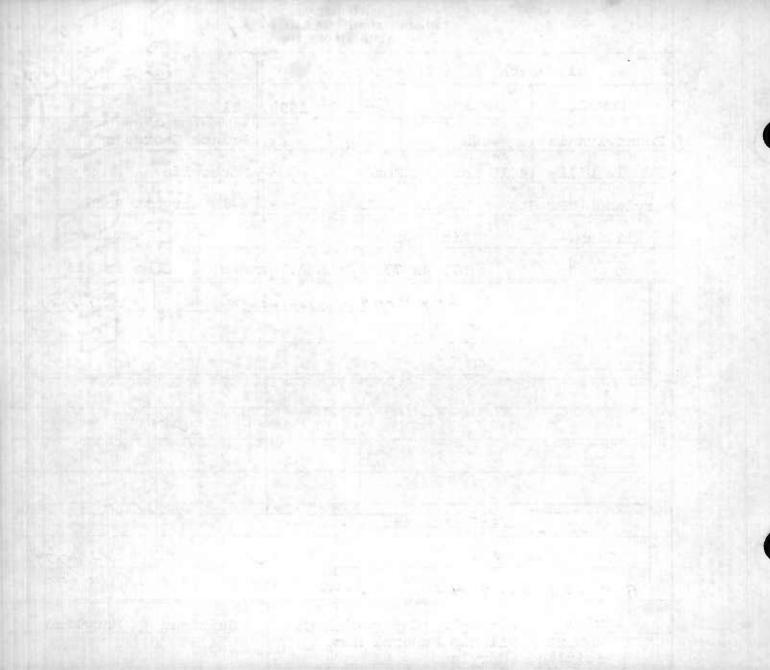
1. DF	REGISTRAR CEASED NAME	FIRST	,	MIDOLE		AST OF DEATH	REG.		DAY Y	EAR I	2b. HO
	E OR PRINT!							10	a -	201	O/
3. SE	Goldi	.e	Gertrud	ie	Ande Is DATE (4 ACE INVESTIGATION	12	F UNDER	7	IF UNDE
3. 36			4 KACE		MONTE		6. AGE JIN YEARS LAST I	RIHDATI			HOURS
	Femal		Whi	7.7	03	26 91	88	YRS			
	IRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEA	TH	
	Maryland		US.	A.	WIDOWE		Prince (eorge	s.		
10.C	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b K	IND OF	BUSIN
C	linton					spital Center	Ret. Sea	mstre	SS	SIRY Non e	е
USU	AL RESIDENCE HE NUM	RSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	EADMISSION		1 Total Ites				
	Maryland	Fred	erick	13a. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	5			
_	ATHER'S NAME	11100	OI LOIL	THATMO	10	15 MOTHER'S MAIDEN NA					
	rank	N	Por	tner		Sophia	MIDDLE		Davi	LAST	
_		D IN LANCE A DA			BITU LIG		400	DECC			
(WAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES			17 INFORMANT	ADD	Box	444 R	t.#	2
	lo	XXXXX	XXXXXXX	011-18-7	7270	Mrs. Ethel	E. Woodall		keek.	Md.	
	IN CAUSE OF DEA	TH (Enter onl	y one couse per	ling for (o), (b); og	Ų ic∵	,	t.		BET	PPROXIM	ATE INTE
	PART I. DEATH V		E CAUSE (o)	Karpheli	and	HEART PAI	LURE		- '	71	Ton
	421	-	DUE TO O	RIS CONTEQUE	NICE OF						
	Conditions, if any	which	00000	12 lus	V.	. La Outl	and		15	der	+5
	gove rise to im	mediate	16)_	- Production	1 and	and the same of th			1	7770	,
4	underlying cous		DUE TO, O	MAS A CONSEQUE	NCE OF	ATEKIN SU	100.4.5				
			(c) C	CREKE	-1261		JE 7E 6 J 1 . 1				
۲		A LIFE CALLET C	0.101710.16.66								
Z		ONIFICANT C	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO		IVEN IN PA	RT I(o)	
TION	PART 2 OTHER SIG	4A -	Occi	45/0A	SEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	KY			00.110
ICATION		4A -	Occi	45/0A	SEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	206. IF Y	ES, WERE F	INDING	GS USE
RTIFICATION	PART 2 OTHER SIG	MA -	OCCL 196 CONDI	45/6 A ITION FOR WHICH	SEATH BUT	NOT RELATED TO THE TERM PTLIU FU HU N WAS PERFORMED	AINAL DISEASE OR CO ROL PROTE 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	INDING LUSES C	GS USE OF DEA NO [
CERTIFICATION	PART 2 OTHER SIG	MA -	SCCL 196 CONDI	45/6 A ITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO ROL PROTE 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	INDING LUSES C	OF DEA
	PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEA'	SCCL 196 CONDI	HS/6 A ITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM PTLIU FU HU N WAS PERFORMED	AINAL DISEASE OR CO ROL PROTE 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	INDING LUSES C	OF DEA
	PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEA! CAL EXAMINER)	196 CONDI 196 CONDI 197 CO	45/6 A ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY	DEATH BUT BF- LC OPERATIO AY YEAR 19	NOT RELATED TO THE TERM PT JLTU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR	AINAL DISEASE OR CO ROL DW 76 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE F FIFYING CA YES T PART LORPA	INDING JUSES C	NO (
MEDICAL CERTIFICATION	PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEAT CAL EXAMINER) RRED	196 CONDI 196 CONDI 197 CO	US/SA ITION FOR WHICH FINJURY M. MONTH DA	DEATH BUT BF- LC OPERATIO AY YEAR 19	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR	AINAL DISEASE OR CO ROL PROTE 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	INDING JUSES C	OF DEA
	PART 2 OTHER SIG	ATION DERLYING CAUSE OF DEA CALEXAMINER) RED WHILE ORK	196 CONDI 196 CONDI 216. TIME O HOUR A 21e. PLACE 1 AT HOME, STR	45/6 A ITION FOR WHICH FINJURY M. MONTH D M. OF INJURY GET, FACTORY, OFFICE, F	DEATH BUT BF- LC OPERATIO AY YEAR 19	NOT RELATED TO THE TERM PT JLTU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR	AINAL DISEASE OR CO ROL DW 76 200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE F FIFYING CA YES T PART LORPA	INDING AUSES C	NO (
	PART 2 OTHER SIG	NDERLYING CAUSE OF DEA' CALEXAMINER) RRED WHILE CORK	196 CONDI 196 CONDI 216. TIME O HOUR A 21e. PLACE 1AT HOME, STR	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 PARM, ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 214 HOW INJURY OCCUR 214 LOCATION STREET	AINAL DISEASE OR CO ROL DE TE 20e AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING AUSES C	NO [
11	PART 2 OTHER SIG	NDERLYING CAUSE OF DEA' CALEXAMINER) RRED WHILE CORK	196 CONDI 196 CONDI 216. TIME O HOUR A 21e. PLACE 1AT HOME, STR	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	DEATH BUT SPECIAL OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 John of the term of the ter	AINAL DISEASE OR CO ROL DE TE 20e AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING RUSES C	NO [
	PART 2 OTHER SIG	NDERLYING CAUSE OF DEA' CALEXAMINER) RRED WHILE CORK	196 CONDI 196 CONDI 216. TIME O HOUR A 21e. PLACE 1AT HOME, STR	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	DEATH BUT SPECIAL OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION DEGREE	AINAL DISEASE OR CO ROL DW TE 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR T deoth accurred on the	206. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING AUSES C	NO [
11	PART 2 OTHER SIG	NDERLYING CAUSE OF DEA' CALEXAMINER) RRED WHILE CORK	196 CONDI 196 CONDI 216. TIME O HOUR A 21e. PLACE 1AT HOME, STR	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	DEATH BUT SPECIAL OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 John of the term of the ter	AINAL DISEASE OR CO ROL DW TE 200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING RUSES C	NO [
11	PART 2 OTHER SIG	NDERLYING CAUSE OF DEA' CALEXAMINER) RRED WHILE CORK	21b. TIME O HOUR A. 19th CONDI 19th CONDI 21b. TIME O HOUR A. 12th PLACE (1AT HOME, STR 1) view the body	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	DEATH BUT SPECIAL OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 21c HOW INJURY OCCUR 21t LOCATION STREET 19 d that in (my) (and opinion DEGREE ATTENDING	AINAL DISEASE OR CO ROL DE TE 20e AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING RUSES C	NO [
11	PART 2 OTHER SIG	ATION CAUSE OF DEAL CALEXAMINER) RRED WHILE (Hhis hospit sed alive one (did) (did od)	21b. TIME O HOUR A. 19th CONDI 19th CONDI 21b. TIME O HOUR A. 12th PLACE (1AT HOME, STR 1) view the body	FINJURY M. MONTH DA DEFINITION FOR WHICH FINJURY M. MONTH DA DEFINITION DEFINITION ELET, FACTORY, OFFICE, F	DEATH BUT SPECIAL OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 21t HOW INJURY OCCUR 21t LOCATION STREET 19 John that in (my) (and opinion DEGREE ATTENDING PHYSICIAN) 22e ADDRESS	AINAL DISEASE OR CO ROL JAC TE 20e AUTOPSY? YES NO CITY OR T CITY OR T deoth accurred on the MEDICAL ST DIRECTOR PHYS	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING RUSES C	NO [
MEDICAL	PART 2 OTHER SIG	DERLYING CAUSE OF DEA' CAUSE OF DEA' CALEXAMINER) RED WHILE ORK LI (this hospit Sed alive ont LI (did) (did) (did) (did) RAME (TYPE OR	21b. TIME O HOUR A. 21e. PLACE (IAT HOME, STR ol) offended the ERINT) CARU	HS/IAA ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F after death. 15 UM M. M. M. M. M. OF INJURY LEET, FACTORY, OFFICE, F ATTER ATTER ATTER M. M. M. M. M. M. M. M. M. M	DEATH BUT BF-16 OPERATIO AY YEAR 19 ARM.ETC.) APRT DG	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 2 ATTENDING PHYSICIAN 220 ADDRESS 9131 PIS CA	AINAL DISEASE OR CO ROL DA TE 20e AUTOPSY? YES NO CITY OR T CITY OR T MEDICAL ST DIRECTOR PHYS 784. LOCATION	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIFTING CA	INDING RUSES C	NO (
WEDICAL MEDICAL	PART 2 OTHER SIG	DERLYING CAUSE OF DEA' CAUSE OF DEA' CALEXAMINER) RED WHILE ORK LI (this hospit Sed alive ont LI (did) (did) (did) (did) RAME (TYPE OR	21b. TIME O HOUR A. 21e. PLACE (IAT HOME, STR OI) ottended the Overwhelm of the body PRINT! CARU 23b. DATE	HS/BA HITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F after death. 19 231. P	DEATH BUT SF-16 OPERATIO AY YEAR 19 ARM.ETC.) APRT OL. OI	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 ADDRESS 210 ADDRESS EMETERY OR CREMATORY	AINAL DISEASE OR CO ROL DROTT 200 AUTOPSY? YES NO CITY OR T CITY OR T DIRECTOR PHYS 234. LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN	206. IF Y IN CERT IN CERT OWN dote and ha	COUNTY	EINDING AUSES C	Soot (I) (Couses st
WEDICAL MEDICAL	PART 2 OTHER SIG	DERLYING CAUSE OF DEA' CAUSE OF DEA' CALEXAMINER) RED WHILE ORK LI (this hospit Sed alive ont LI (did) (did) (did) (did) RAME (TYPE OR	21b. TIME O HOUR A. P. 21e PLACE of IAT HOME, STR 10) offended the 22 of IAT HOME, STR 23b. DATE Dec. 1:	HS/BA HITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F after death. 19 231. P	OPERATION AY YEAR 19 ARM. ETC.) APP. ONAME OF C. Veller	NOT RELATED TO THE TERM PT JLIU FLAG N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 216 HOW INJURY OCCUR 217 LOCATION STREET 19 218 ATTENDING PHYSICIAN 220 ADDRESS 9131 PIS CA EMETERY OR CREMATORY Un . Meth . Cem	AINAL DISEASE OR CO ROL DA TE 20e AUTOPSY? YES NO CITY OR T CITY OR T MEDICAL ST DIRECTOR PHYS 784. LOCATION	206. IF Y IN CERT	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	TINDING CUSES OF THE COURT 21	STORY (I)

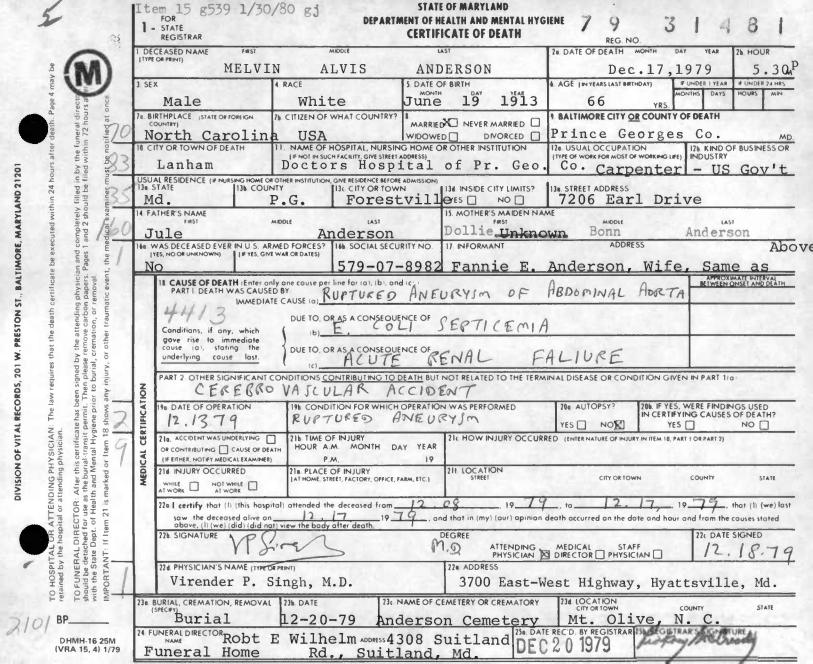


STATE OF MARYLAND



2.					STAT	E OF MARYLAND	0				
9	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENT OF DEA		NE 7 9	3	14	8 0
		CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
may be poge 3	11111	Elizal	beth (C P	Anderso	n			12-2	6.79	10 PM
	3. SE		4 RACE		5 DATE	OF BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4		Female	W]	nite	Apr	il 10 1	898	81	YRS	MONTHS DAYS	HOURS MIN
Pognie dire	7a. BI	RTHPLACE (STATE OR FORFIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MAR	PRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	THE THE
death.	Pe	ennsylvania	US	SA	WIDOW		RCED	Prince G	eorge	e's	MD.
fe v fe		TY OR TOWN OF DEATH		HOSPITAL, N		OR OTHER INSTITU		20 USUAL OCCUPATI			F BUSINESS OR
_ 0 0	T	emple Hills			st Road			Housewif	е	E) II40031K1	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 shauld be fill wol. it, the medical examinermust be pa	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION	113d INSIDE CITY	LIANITS? 1	2. STREET ADDRESS		to U	1 1 1 1 1 1
AND AND 1 24 Fille nould	Ma:	ryland Pr (Temp]	le Hill	SYES NO	0 🗆	4415 Har	vest	Road	
RYL,	14. FA	THER'S NAME	MIDDLE	LAS	7	15 MOTHER'S MA	AIDEN NAME	MIDDLE		1.00	
MAR ted will ond is		William	MIDDLE	Riter		Ett	a	WIDDLE	В	radbur	У
d co	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	31 31	ADDRE	SS		
be exect on and rs. Pages		No	L WAN ON DATES;	577	12 7756	Jean A	. Ham	mer	Same	as #1.	3
physicio popers novel.		18 CAUSE OF DEATH (Enter or	nly one cause pe	r line for (a), (b), and (c		,			BETWEEN	MATE INTERVAL DISET AND DEATH
- E 0 0 1		PART I. DEATH WAS CAUSE	ED BY. TE CAUSE (0)	4 Y1.	PhoMA	9-01550	MINAY	e0		1/2	YRS.
ON S ding or re or re		2028		R AS A CON	SEQUENCE OF						
ESTC deot ove o fron,	-	Conditions, if ony, which	(ıb)_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JEG 01. 102 01						
the remore true		gove rise to immediate cause (a), stating the	DUE TO C	OR AS A CONS	SEQUENCE OF						
thot lby sose ol. cr		underlying couse last	(c)_								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certif r aftending physician. After this certificate has been signed by the attending p as the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, ar rem orked or them 18 shows any injury, ar ather traumatic eve	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 11a	,
ORD requ	CERTIFICATION						Later Control				
low low so be epril	ICA	190 DATE OF OPERATION	196 CONE	OITION FOR W	HICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		YING CAUSES	
TAL The Cion is to be set by given show	RT#							YES NO		S	NO 🗌
AN: obbysical from trong		21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	216. TIME O	.M. MONTH	DAY YEAR	ZIE. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18. P	ART 1 OR PART 2)	
PHYSICIAN: ending physic this certificate the buriol-tran id Aventol Hy d or frem 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19		79	25.65			
//SIO	MED	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY	FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
DIVG No of the orke		AT WORK			4 5					7.0	
OLO OLO OR. USe Is m		22a.1 certify that (1) (the hosp saw the deceased alive an			40	JUNE	19_73	, to De			that (I) (WE) last
R ATTII hospith IRECTC hed for tem 21		above, (I) (we) (did) (dream)		after death.	. IY <u></u>		opinion de	ath occurred on the do	ofe and hou		
0 0 0 0 0		22b. SIGNATURE	Dela	2		DEGREE	NDING	MEDICAL STAF	F	The DATE	HONED
		(CTN-1/-	y rue	2		PHY	SICIAN 2	DIRECTOR PHYSIC	IAN 🗌	10/0	9/79
HOSPIT ined by FUNER wid be the Str		22d. PHYSICIAN'S NAME (TYPE C				22e ADDRESS	T. BAP	NABAS Rd,	OXONI	Vill M. d	1000/
TO HOSPITA retoined by TO FUNERA should be do with the Sto		R.M. NEDZ		MA							
1901	23a. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CRE		23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial	12-2			Hill Ce	em	Suitlan		Maryl	
DHMH - 16 50M 1/76	24. FI	NAME ROBERT			uneral	Home	DEC	2 7 1979 TRAR	25b. REGIST	RAR'S SIGNATI	JRE A
(VR A 15 (4))		Suitland	d Mar	yland			250	~ 1 10/ 0			1





Rd. Suitland,

Funeral

10							MARYLAND					
1		FOR STATE		D	EPARTMENT O	F HEALTH	AND MENT	AL HYGIEN	EQ	7 1	AF	3
		REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICAT	E OF DEA	TH' REC	G. NO.		, ,
District Colonia Colonia		CEASED NAME	FIRST	V-11-11-11-11-11-11-11-11-11-11-11-11-11	MIDDLE	, .	LAST		O. DATE KNOW	N MONTH	DAY	YEAR 26 HOUR
20025	(ITP	(a	theri	ne 1	B. At	kine	5000	17.	OF ESTI-	0 0/2	-2910	70
AND HOW	3. 553	4 RAC	E 5.	DATE OF BIRTH	6. AGE (IN	YEARS IF UI		DER 24 HRS.	2c. DATE	MONTH	DAY	YEAR - 24 HOUR
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A	mile 111	hital	MONTH DAY	OG 73		HS DAYS HOUR	RS MIN.	PRONOUNCED	2.2	C	7/24
435.25	70 BI	RTHPLACE (STATE OR	76	3 - 5 -		YRS.			9. BANIMORE CI	TY OR COUR	NTY OF DEA	TH M
OF PRESIDENT	FO	REIGN COUNTRY!					IED NEVER M		The se	7	me an	in .
Z H v . X		labama			S.A.			ORCED [11/1/10	(7-01	Mas	MD
TO SITE OF THE PROPERTY IS	10. C1	TY OR TOWN OF DEA		LIF NOT IN SUCH FAC	HAL, NURSING HOA	5)		FOR W	AL OCCUPATION	(TYPE OF WORK	OR IN	OF BUSINESS DUSTRY Ifome
T PAA		heverly		Prince G	eorge Gene	eral H	lospital	I	ost of working life	9	0wn	Home
R C S C C S C C C C C C C C C C C C C C	USU A	L RESIDENCE (IF IN NU	RSING HOME OR O	THER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMI	TC2 LIZA STRE	ET ADDRESS			
21201 F AND S. AND SHOULD PECOR		Maryland		e George		lle		40	07 Ingra	ham St	reet	
	-	THER'S NAME					15. MOTHER'S M					
MD. 2 S 1, 2, 2 PM 3. VD 2 S		Clifford	1 "	MIDDLE	Vinyard		Sue		MIDDLE	Unkr	lown LAST	
A A A A A A A A A A A A A A A A A A A	16n V	AS DECEASED EVER			16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADD	25% T		CA
ES ON NO	(YI	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAT	R OR DATES)	577 09 99			NI A+1	4(007 Ing	granam	St.
URS AFTEI URS AFTEI URS AFTEI WITH FO DIVISION		No				773A	Everett	N. AU	cinson Hy	rattsvi	lle,	1d.
5 8 2		18 CAUSE OF DEAT PART I DEATH W	H (Enter only o	ne couse per Me	(a), (b), and (c).)	. 7		· VI		1		XIMATE INTERVAL
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM 18 TAMINER ALONG 1 TAMINER ALONG 1 TAMINER PERMIT. PEYTAL HYGIENE. REMOVAL.		1/ A C A	IMMEDIATE (CAUSE (DA	Leur sele	10 he	cord.	0001	rules c	risea	2.0	
0 2=3-0		4292		DUE TO, OR	AS A CONSEQUENCE	E OF						
W. PRESTO D. WITHIN 2 PENCIL IN AMINER AU L.TRANSIT P ENTAL HYG REMOVAL.		Conditions, if gove rise to		(b)							1	
W.P D W.P TRA TRA ENTA REM	100	couse (o) stating		< ''	AS A CONSEQUENCE	E OF						
D A X X A X A X A X A X A X A X A X A X		lying couse last.		(6)								
DS, 30		PART 2 OTNER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH R	UT NOT RELATED TO THE TE	PMINAL DISEAS	E OF CONDITION CIVEN	IN PART 1 (a)				
DIVISION OF VITAL RECORDS, S. CERTFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROBICA ROBICA BE 3 SHOULD BE USED AS A BE 5 SHOULD BE USED AS A BE PRIOR TO BURRAL, CREMATION PRIOR TO BURRAL, CREMATION	z					DATE OFFICE	L OK CONOTTON GITCH	in takt t (u).				
RECO	CERTIFICATION	19a DATE OF OPERA	ATION	Tigh CONDIT	ION FOR WHICH OP	FRATION W	AS PERFORMED?				ZO AUTO	OBSV2
TALRE HOULD RD "PE CHIEF" USED OF HE, CRE	E S			178. CONDI	or vok viner or		AGTEN ONNES.				- 1	
OF VIT. ATE SH WORI WORI THE CH THE CH ENT O BURIAL	E	210. EXTERNAL CAU	SE VA/AS	21b. TIME OF	INTELLEDA	In. u	OW BUILDY OCC	IDDED AND AND AND AND AND AND AND AND AND AN			YES	NO M
S BENEFATE OF		UNDERLYING		HOUR A.M.	MONTH DAY YE.		OW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN IT	EM 18 PART 1 OR F	PART 2)	
IN THE TO THE ARTIV	3	CONTRIBUTING	CAUSE OF DEA		19							
CERTIFICATE SITING THE WOR	MEDICAL	21d. INJURY OCCUR	RED		FINJURY (AT HOME, DRY, FARM, ETC.)		CATION STREET		CITY OR TOWN	0	OUNTY	STATE
ARD ARD GE	2	WHILE AT WORK AT W	ORK									
E: THIS FE. WR SRWAR : PAGI				the remains des	Tibed above, held an	Autor	less less	ection .	Inquiry .	and in my o	nunion	
CATTHE FO FO FO	100) [Ond in my c	philon	
EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND.	132	death resulted from	n: Natural	coures [],	Accident	Suicide L	, Homicide L		rmined manner	<u> </u>		
	199	ACTUAL O	11000	1) XX	01.11	/	VIVE (SPECIE	X)		DATE	12	-29.7.
EDICAL ITE THE 4 SHOUNERAL DEATH, AORE, M		SIGNATURE	region	co / Ki	rugue	/_ N	My Luc	1MEDI	CAL EXAMINER	SIGN		17
AEDICA CUTE THE SH CUNERA R DEAT		EXAMINER'S NAME	RL.	TO	Abdud		50	200	6 . 0	10		54
TO MEDIO FACCUTE PAGE 4 TO FUNE AFTER DE BALTIMOR		(TYPE OR PRINT)	Mall	578 1	repury	W/	ADDRESS	1 Koy	skerne!	inti (c	rugo (muy
PAT PETO	23a.B	URIAL, CREMATION, R			23c. NAME OF C		OR CREMATORY	CITY	CATION	130	0317 (STATE
6100		Burial		2/80			Cemetery		rentwood	P.(Md.
DHMH-17 20M 1/73 (VR A1S ME (S))	24. FI	FMANCIS G	aschis	Sons Run	eral Home	P.A.	25a. D	ATE REC'D. BY	REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	
(VK A15 ME (5))		Hvattsv	ille W	Parland	Cluz Home	7		JAN2	1980	felor jura	1886	Do ottog
		HYALLSY		W. Y. Land								

EXTRACTOR ENTERNANCE MARKET chartering denotes the little of the second denoted the second of the second se x officer of against soning furthers Enwent V 5101711 The parties of Moral Statement of the contraction of When the control of ments of the focultured sensions almost . " (8.2); Personal Committee Annie Conversal Inco. The state of the s

. TO LOUISING LOUISING THE CAME A LANGE THE PARTY OF T

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME O. DATE KNOWN MONTH DEATH MATED DATE RONOUNCED Sept 1, 1915 DEAD Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED X COTHER INSTITUTION TOWN OF DEATH Construction Equiptment Operator 130 STREET ADDRESS 13d INSIDE CITY LIMITS? College Park Maryland Prince Geo. 5012 Berwyn Road YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Baldwin Annie Soper 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 2906 Palmwood Circle (YES NO OR UNKNOWN) 217 09 0073 Jean Lindsey Mechanicsville. Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per light far (a), (b), and (c).) tens schoole Condis Vas cela dises PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES 🗌 NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inspection Accident Suicide Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE Deputy MEDICAL EXAMINER R DEAT 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez, M.D. 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 12/19/79 Ft. Lincoln Cemetery Brentwood Md. 24. FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home P 3 DATE REC'D. BY REGISTRAR'S SIGNATURE **DHMH-17** Hyattsville, Maryland (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

tonning to the thirt the ton Construct

hand revenue with the x of year english tone and the bestemen

ofund nluft-

U.S. and a mainte grand and according 2002 --

TIVE TELL OF TOTAL Agen I redeer Section oville, In.

. I benches venture uland, at attach large

Part of the state of the state

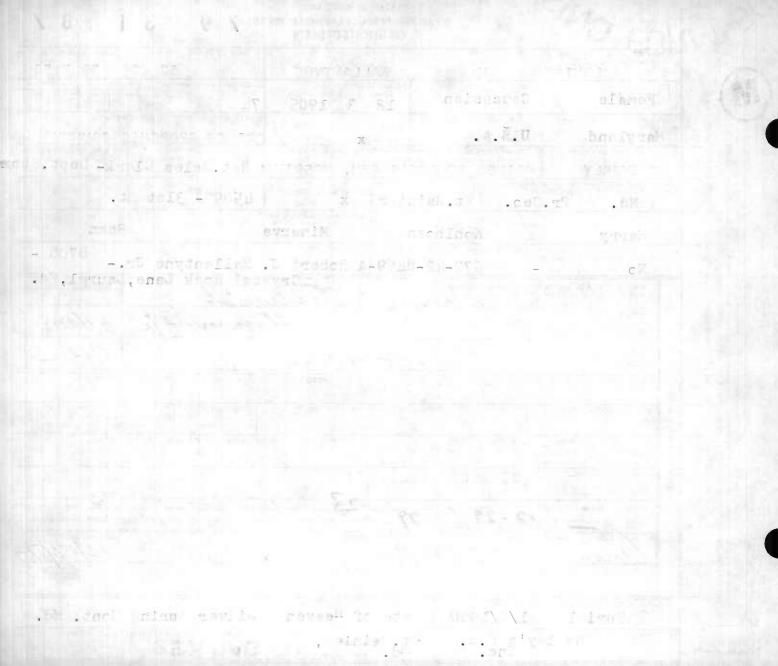
A. N. recognition of the continuous and the leading

in the military and the

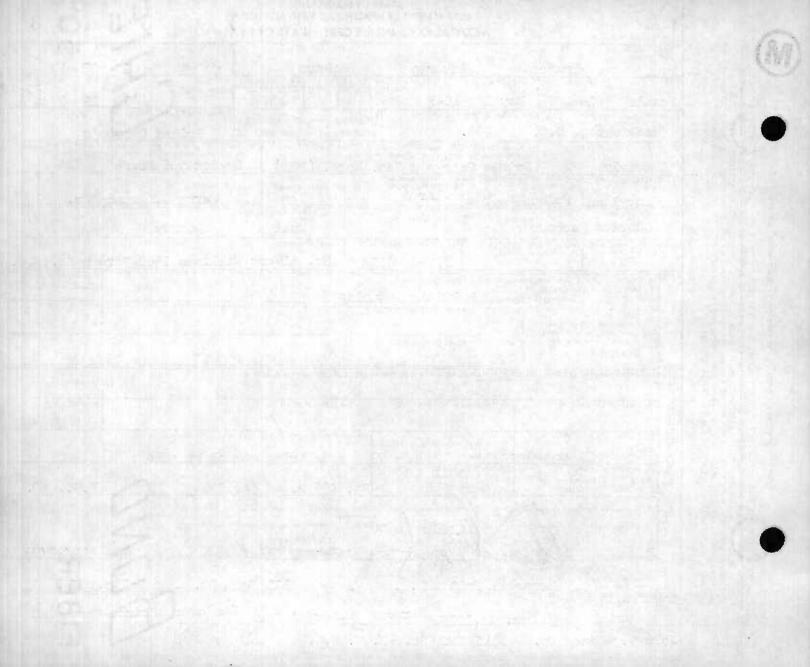
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



100						STA	ATE OF A	ARYLAN	ND							
10	2		FOR		D	EPARTMENT OF	HEALTH	ANDM	ENTAL HY	GIENE	n		1	-1	0	0
			STATE		MED	ICAL EXAMIN	JER'S	ERTIFIC	CATE OF	DEATH	7	50 10		ding	0	0
60	1		REGISTRAR	FIRST	***************************************	MIDDLE	121() (LAST	UAIL OF	To a		EG. NO.			WE 4.0	(i)
. PM			CEASED NAME E OR PRINT)	FIRST		WIDDLE		LASI		20. D	OF EST	MN X	HTMON	DAY	YEAR	2b. HOUR
	1 S S S E			Fran	ces	Laverne	В	arbou	r		EATH MAT	ED 🗌	12	2219	79	M
	SSARY, PLEASE RAL DIRECTOR. R. YOUR FILES. HIN 72 HOURS	3. SE)		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	IDER 1 YR.	IF UNDER 24	HRS. 2c.	DATE	M	HINO	DAY	YEAR	2d HOUR
	RY, PLE DIRECT OUR FI 72 HO ON STRI	_	_	D 7 1	MONTH DAY	YEAR LAST BIRTH		HS DAYS	HOURS M	AIN PRO	NOUNCED				m.	112:4
	CESSARY, P. NERAL DIRECTOR YOUR VITHIN 72 H. PRESTON ST		male	Black	May 16	1949 30	rs.				DEAD		12	22 19		ам
	JESS.	7a BI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NE	VER MARRIED	9. B/	ALTIMORE	CITY OR C	COUNTY	OF DEA	ATH	
	BON SARA 7			ton, D.	USA		WIDOW		DIVORCED		Prir	ice Ge	org	010		MD.
	ZII 10 . 3 /		TY OR TOWN			ITAL, NURSING HOM				2a. USUAL C				2b. KIND	OF BUS	SINESS
	THE AGE				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS				FOR MOST	OF WORKING L	IFE)		OR IN	NDUSTR	Y
			heverly			eorge's Ge		sp. (DOA)	Regi	istere	ed Nu	rse	V	NS	
	IF ANY DEL. 2. AND 3 TO 3. RETAIN PER SHOULD BE				OR OTHER INSTITUTION, GIV		SION)	13d. INSIDE C	asy thurses In	3e STREET A	DDBECC					
201	AND	13a. S		13b. COUN		Largo		YES T	NO [C The		- D	JL-	11
21201	SHORE		Maryka		nce George	20280					larry	5. 1	aums)	n ur	#	
	PPM ST. 2	14. FA	THER'S NAME		WIDDLE	LAST			ER'S MAIDEN	NAME	MIDDLE			LAS	it.	
~ · · · ·	AS S S S S S S S S S S S S S S S S S S	II.	Charle	es Barbo	ur				Evelyn		Dors	ey				
0	FORM ON ON ON			EVER IN U.S. AF		16b. SOCIAL SECURI	TY NO.	17. INFOR	MANT		AC	DRESS	21537			
ž.	E S S S S S S S S S S S S S S S S S S S	{Y	ES, NO, OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)	577 60 /	E20	Mr	Albert	- 13411	iama	1/.02	Trans		C+	NT T.T
BALTIMORE, MD.	URS AFTER DEATH. 1 B. GIVE PAGES 1, 2, WITH FORM PM 3. PM 3. PAGES 1 AND 2 S DIVISION OF VITAL		No			577-68-4	230	TIT .	ATDEL	r MTTT	Lams	1403	vari			
			18. CAUSE O	F DEATH (Enter a	nly ane cause per line	far (a), (b), and (c).)								BETWEE	OXIMATE N ONSET	AND DEATH
PRESTON ST.,	AIN 24 HOU IN ITEM 18 A ALONG SIT PERMIT. HYGIENE, I		PARTIDE	ATH WAS CAUSE	TE CAUSE (0) M	ultiple in	inrie	S								
O N	SE SE	111	914	IMMEDIA		AS A CONSEQUENCE										
ST	= 4 = 7 4	1-0	Condition	ns, if ony, which										100		
2	DTED WITHIN N PENCIL IN EXAMINER, IAL-TRANSIT MENTAL HYOOR REMOVA			e to immediate									7/1			
3	ZEN A KEN A			stoting the under	DUE TO, OR	AS A CONSEQUENCE	OF									
301	OR MEX		lying cau	se last.	(-)									100		
	UUID BE EXECUTED WITH "PENDING" IN PENCIL EXAMINE SED AS A BURIALTRAN HEALTH AND MENTAL CREMATION, OR REMO		BART 2 STUCK CH	CHICICANT CONDITION	CONTRIBUTING TO DEATH B	HT NOT BELATED TO THE TER	MANAL BATTAC	C DD CONDITIO	N CIVEN IN BART					_		
DIVISION OF VITAL RECORDS,		7	FARI Z UTITER SIG	DAIFICANT CUNDITION	CONTRIBUTION TO UCATE B	OF NOT RELATED TO THE TEX	MINAL UISEAS	E OK COMOTTIO	IN GIVEN IN PAKE	I (a),						
8	SHOULD BE E) RRD "PENDING CHIEF MEDIC E USED AS A OF HEALTH ,	Õ					F 10						101			
or m	00 H H B H H H	X	19a. DATE OF	OPERATION	19b. CONDIT	ON FOR WHICH OPE	RATION W	AS PERFOR	RMED?					20. AU	TOPSY?	
₹	HOUSE LANGE	Ē	1000											YE.	s 🔯	NO 🗆
>	ATE SHO THE CHI THE CH	MEDICAL CERTIFICATION	71a EXTERNA	L CAUSE WAS	21b. TIME OF	INTURY	121c H	OW IN HIP	OCCURRED	FINTER NATUR	F OF IN ILIPY IN	JITEM 18 PART	I I OR PARI		342	110 🗆
0	TH TH	Ü	UNDERLYING			MONTH DAY YEA		O11 1110K1	OCCORRED	121112111111111	E OF HOOK FI	- 1101111111111111111111111111111111111	, on , an	-,		
N O	CERTIFICATE S TING THE WO FING THE S SED TO THE 3 SHOULD BE DEPARTMENT ORIGINAL SERVICES TO BURI	8	CONTRIBUTIN	NG CAUSE OF	DEATH 11:15M.	12 2119	79	pedes	trian s	struck	by a	auto				
151	CERTIF MED TO COED TO E 3 SHO E DEPAR	8	21d INJURY C	OCCURRED	21e. PLACE C	FINJURY (ATHOME,		CATION								
2		2	WHILE	NOT WHILE	Y	ory, farm, etc.)		JO5	s. of H		OR TOWN		COUN	P.G	. 7	STATE
	R: THIS GRWARD SRWARD STATE STATE	P.07	AT WORK	AT WORK	5	oree c	nu.	47)	S. OI I	nt. /	,	-		F.G	. 9 1	VIII.
	S S S S S S S S S S S S S S S S S S S		22a. I certif	fy that I toak char	remains desc	ribed obove, held on	Autop	sy X	Inspection	, In	quiry L	, ond in	n my opir	nion		
	EXAMINER: CERTIFICATI JLD BE FOI DIRECTOR: WITH THE ARYLAND, 2		death results	ad from ill	arof course	Accident V // c	vicide	, Hami	side .	Undetermin	and monner					
	EXAMINICERTFIC	200	deom resone	777	1		olcide			onderenni						
	AR WERE	319	ACTUAL	- 11	1. 1	18 V	M. Ex		SPECIFY)				DATE	200	100	/mo
	A HOLEN		SIGNATURE.	M	1 your le	Mand	7 /	Depu	ty Chie	ETIEDICAL	EXAMINE	?	SIGNED	,_12	1231	1.19
	SEA		100	1		the !	100									
	MEDICAL E		EXAMINER'S (TYPE OR PRI	NAME Th	omas D. Sm	ith. M.D.		ADDRESS_	111 1	Penn S	St.	R	alto	. M	D.	
	PAGE BALT	00. 5	4.	TION:REMOVAL		173c. NAME OF C	EMETERY			73d. LOCAT				V		
21	5007-40	Z30.B	SPECIFY)	HON, KEMOVAL							dover	Dad	COUNT	Con	51/	ATE
0	BP		Buria		Dec. 29,1	979 narmo	ny M	emori	al Par							ſd.
	DHMH - 17		UNERAL DIREC			10.1.0.	AT TO	D C	250. DATE REC		ISTRAB 2	Sh. REGISTA	RAR'S SI	GNATUR	500	ada
	(VR A15 ME (5))	10	un I. R	Chines Co	3015°	L2th St.,	N. E.	D.C.	J	AN 4	Finon		-	/		
	15M 7/76	1		2											- C	

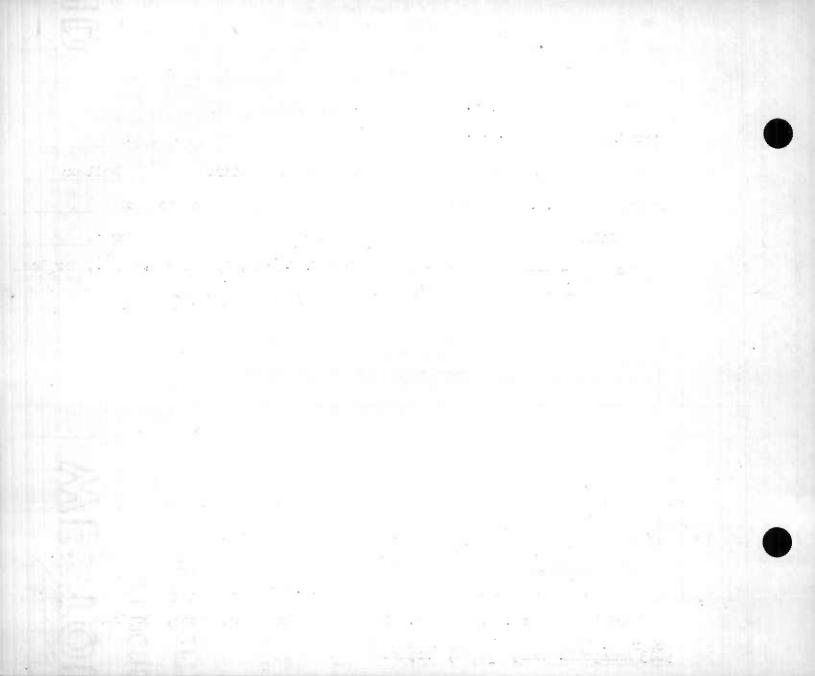


6		FOR 1 - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 7 9	3 1 4 8 9
	1.11	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		1 DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
y be		(TYPE OR PRINT) EUI	NICE M	BENJAMIN		12 28 79 8:50
. Page 4 may be director, page 3 ours after death		3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS M
age ecto	опсе.	Female	White	May 12,1909	70	YRS. MONTHS DAYS HOURS M
n. P	at	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	1 BALTIMORE CITY O	COUNTY OF DEATH
oeor nera	270	North Caro	olina U.S.A.	WIDOWED DIVORCED	PRINCE GEOR	GE'S COUNTY
urs after by the fu	pour 74	10 CITY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS! GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEK	ON 12h KIND OF BUSINESS INDUSTRY
in 24 ho	The mine	USUAL RESIDENCE (IF NURSING HO 130 STATE Maryland	ME OR OTHER INSTITUTION, GIVE BESIDENCE BEEC		134. STREET ADDRESS 4307 -57	
ely f	xau	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		
plet d 2	3/10	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
com	6 - A	160 WAS DECEASED EVER IN U.S			ADDRE	COEPER
an and Pages	t, then	IYES NO OR UNKNOWN) I IF YES	None 579 22		artwright (Se	
quires that the deat gned by the attend please remove carb burial, cremation,	njury, or other trau	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEQU	yena Congetiv	physema	PULLER IN PART 1(0)
The law re has been si rmit. Then te prior to	nows and	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
In. rate t pe t pe	0 2	T L			YES NO	YES NO
SICI/ ysicii ertifi trans tal H	or Item		FOEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
ENDING Programmers attending DR: After the se as the burners and N	marked	THE ITHER, NOTIFY MEDICAL EXAM 21d: INJURY OCCURRED WHITE NOT WHITE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOW	N COUNTY STATE
chospital can be hospital can be be to be	JT: If Item 21 is		ospitol) attended the deceased from e an 12/28/19 19_d not) view the body after death.	79 ond that in (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
A Raber	₹ -	224 PHYSICIAN'S NAME IT		22e ADDRESS		
TO HOSPITA retained by the TO FUNERAL should be detain with the State	IMPORTANT		Steinberg 1236	NAME OF CEMETERY OF CREMATORY		andover, ord
TO HOSP	IMPORT	Louis 230. BURIAL CREMATION, REMO (SPECEY) Burial 24 FUNERAL DIRECTOR		NAME OF CEMETERY OF CREMATORY Arlington National	23d LOCATION CITY OR TOWN	county state ngton Va. Sign REGISTRAR'S SIGNATURE

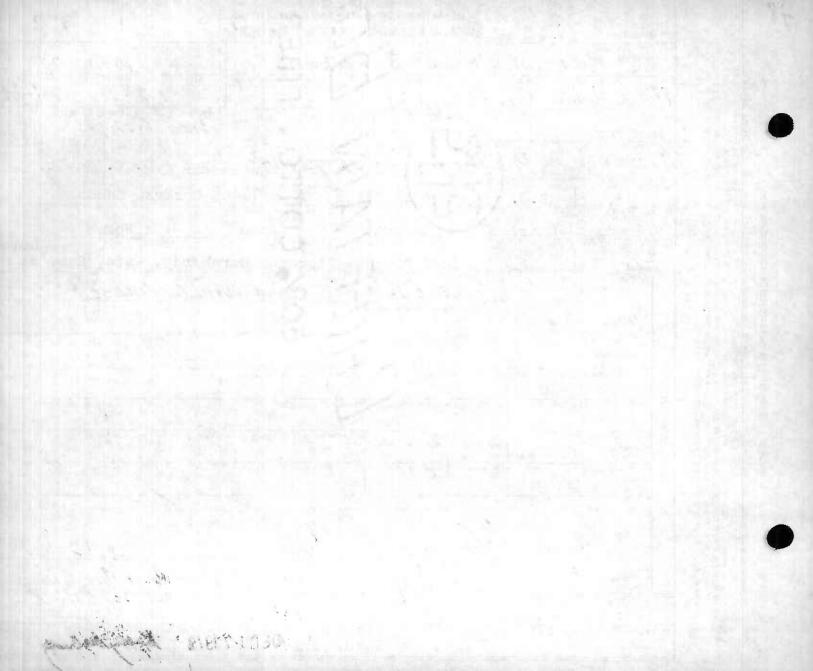


CHARACHT YOUR TO THE	
Water State And American State of the State	
The second of th	
Market and the second of the s	
The state of the s	

				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	3 4 9
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
100		CASSIUS	PARK	BENTON	December 16,	1979 9:15a _M
	3 SE	X	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		Male	Cauc.	Nov. 29, 1906	73 YR	
5002/	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Prince Geor	
S individed	10 C	Lanham	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET DOCTORS HOSPIT	ING HOME OR OTHER INSTITUTION (TADDRESS) al of Pr. Geo. Co.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retited	125 KIND OF BUSINESS OR
See and see	USU 13a		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ME ADMISSION) WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
The state of the s	_		G. Bowie	YES NO	12508 Thompson	Road
exomine (14. F	ATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN NA	AME	LAST
016	/	William	Benton		7775	Gordon
medicol	160 \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC		ADDRESS nton,12508 Thomp	Bowie son Rd., Marylan
0 0		couse (a), stating the	DUE TO, OR AS A CONSEOL	JENCE OF		
ior to bu	ATION	underlying couse lost	(c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED		GIVEN IN PART 110. YES, WERE FINDINGS USED
permit Then pled ne prior to buriol ws any injury, or	RTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ne prior to burio ws any injury, ar	CAL CERTIFICATION	underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH [DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
the burial-transit permit. Then ples and Mental Hygiene prior to burial ked or Item 18 shaws any injury, or	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH [DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 2116 HOW INJURY OCCUM	20a AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO
ne prior to burior ws any injury, ar		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE AT WORK AT WORK THE STATE OF TH	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH E P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUM 19 211 LOCATION STREET	200 AUTOPSY? 20b. IF IN CEF YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2) COUNTY STATE , 19 , that (I) (we) last
DIRECTOR: After this certificate has been signed ched for use as the burial-transit permit. Then plet obest of Health and Mental Hygene prior to burial them 21 is marked or Item 18 shows any injury, or		UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK THE CONTRIBUTION OF A TOWN OR TOWN O	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH E P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 DEGREE ATTENDING	200 AUTOPSY? 20b. IF IN CEF YES NOW NOTE IN THE NATURE OF INJURY IN ITEM CITY OR TOWN 10 10 10 10 10 10 10 10 10 10 10 10 10 1	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2) COUNTY STATE That (i) (we) lost
detached for use as the burial-transit permit. Then plet title Dept of Health and Mental Hygiene prior to burial. NT. If Item 21 is marked at Item 18 shaws any injury, or		Underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK STORY AT WORK STORY AT WORK OR STORY AT WORK STOR	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 DEGREE ATTENDING	200 AUTOPSY? 200. IF IN CEF YES NOW NITEM CITY OR TOWN To CITY OR TOWN To Coursed on the date and In	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) lost hour and from the couses stated
redocated as a sine boundarious signerial training proceedings of Health and Mental Hygiene prior to buring NT. If hem 21 is marked at them 18 shows any injury, or		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 21d PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (AT HOME, STREET, FACTORY, O	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUP 19 21l LOCATION STREET 19 21l LOCATION STREET 22e ADDRESS	200 AUTOPSY? 20b. IF IN CEF YES NOW NOTE IN THE NATURE OF INJURY IN ITEM CITY OR TOWN 10 10 10 10 10 10 10 10 10 10 10 10 10 1	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2) COUNTY STATE That (I) (we) lost hour and from the couses stated
Creat of Vest State Outland Advance prior to burning the Dept of Health and Mental Hygene prior to burning Hem 21 is marked or Item 18 shows any injury, or	WEDICAL	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 22d. PHYSICIAN'S NAME ITYPE	CONDITIONS CONTRIBUTING TO 1% CONDITION FOR WHICH 1% CONDITION FOR WHICH 1% CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 21d Weeks the cody after death. OR PRINT) 01 23b. DATE 23c.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUP 19 21l LOCATION STREET 19 21l LOCATION STREET 22e ADDRESS	200 AUTOPSY? 200. IF IN CEP YES NOW NOTE:	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2) COUNTY STATE TO THOSE SIGNED WERE FINDINGS USED COUNTY STATE TO THOSE SIGNED WERE FINDINGS USED COUNTY STATE STATE STATE COUNTY STATE STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TY 2b. HOUR (TYPE OR PRINT) DEATH MATED 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAŞT BIRTHDAY) PRONOUNCED 6.3 YRS DEAD 16 76. CITIZEN OF WHAT COUNTRY? 9. BANTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRYS MARRIED New York USA WIDOWED DIVORCED RETAIN PAGE 5 OLITY OR TOWN OF DEATH 11-NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH ACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE Retired - D. Gov't. USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5405 Corkran Lane P.G. Temple Hills YES [Md. NO [] RM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Charles Solomon Bernhardt Fox Rose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Above LYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 067-03-4868 Florence Bernhardt, Wife, Same as Yes 18. CAUSE OF DEATH (Enter only one cause per line) or (a), (b), and (c).)-PART I DEATH WAS CAUSED BY Under Mascular deser SIT PERMIT **DIVISION OF VITAL RECORDS, 301 W. PRESTON ST** IMMEDIATE CAUSE (d DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). HEALTH CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, DRWARDED TO THE C. R. PAGE 3 SHOULD BE I E STATE DEPARTMENT C 1201 PRIOR C. C. NO T BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION AT WORK AT MATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 21201 DIRECTOR: 22a I certify that I taak charge of the remains described above, held an Inspection and in my apinian MARYLAND, death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner LE (SPECIEN EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME nucles (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE CREMATORY 23d. LOCATION Burial Arlington, Virginia 12-14-79 Arlington Natl. Cem. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 17 1973 24 FUNERAL DIRECTORRObt E Wilhelm DHMH-17 20M 1/73 4308 Suitland (VR A15 ME (5)) Funeral Home Rd., Suitland, Md.

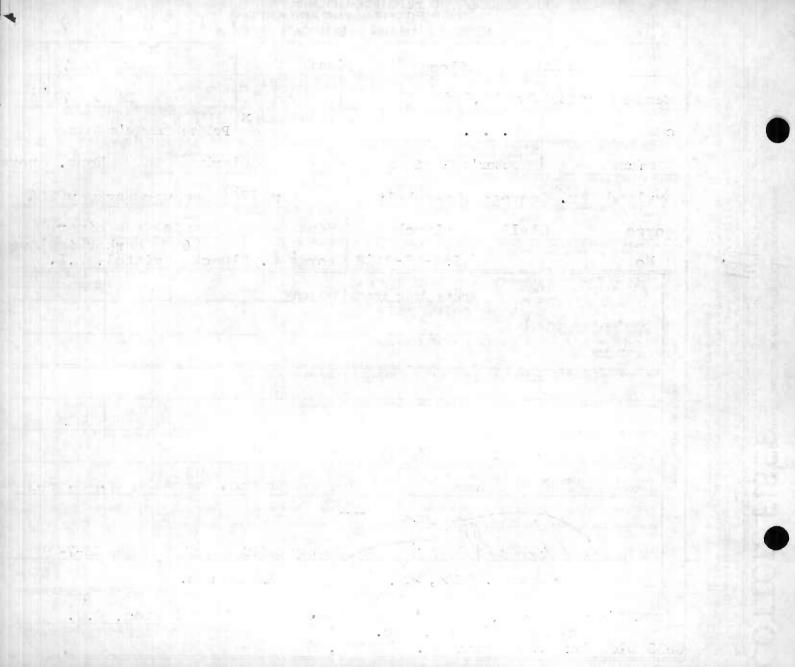


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN LTYPE OR PRINT) OF DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED To BIRTHPLACE (STATE OR Washington D.C. U.S.A. O CITY OR TOWN OF DEATH TO NAME OF HOW ITAL, NURSING HOME, OR OTHER INSTITUTION Secretary Private 13e STREET ADDRESS Maryland Prince George 4933 Harford Avenue Beltsville YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Adolphius Sophie Dolland Haarer 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578 01 0798A Dorothy Cullipher Same as #13 18. CAUSE OF DEATH (Enter only one cause per tipe for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE O lenter Cordes Wescular descence if ony, which gave rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🔲 NO M 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held on and in my opinion Autopsy Natural causes Accident L Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRE 5009 Rayburn Ct., Camp Springs, Md. 20031 234. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dec 31, 1979Prospect Hill Cemetery Washington D.C. Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** VR A15 ME (5)) Hyattsville, Maryland 15M 7/76

Patter of the state of the stat one Cwn lone Charles of the second terminant withings Course College best well and the Santahaster Santahaster Bit. ining of - Hamiltonia L Si Arrational bandoull) Er so son Biodell bulling Tore on all (Bushand the deal of the continue of the same of th comets Counch's America Council atomic

lyantiavalli o liliwalani ani da

_	FOR	a=22a r1		8/80 resta				YGIENE	,	7 1	. 0	.0 .
			MED	ICAL EXAMIN	ER'S C	ERTIFIC	CATEO	F DEATH	REG. NO	3 1	e-1 7	4
		FIRST		MIDDLE		LAST	E TW	20. DAT	KNOWN X	MONTH	DAY YEAR	2b. HOUR
(111	E OR PRINT)	Thali	a A	ileen]	Blunch	2		H MATED	12	6 19 79) M
3 SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YE						MONTH	DAY YEAR	2d. HOUR
f	emale	white	Jun 16,1	$ 958 21_{Y}$		HS DAYS	HOURS			12	6 19 79	6;15 p m
70. BI	RTHPLACE (STAT	E OR			8. MARRI	ED NE	VER MARRI	ED N. P. BALT	IMORE CITY O	RCOUNT	Y OF DEATH	-
			U.S.A.	NOT WELL				D 🗆 Pri	nce Geo	-		TYND.
10. C1		DEATH	HE NOT IN SUCH FAC	HITY GIVE STREET ADDRESS)	OR OTH	IER INSTITU	TION			OF WORK	OR INDUST	PY
	Lanham		Doctor's	s Hospital				Clerk			Dept.	Store
13a. S	TATE			13c. CITY OR TOWN		13d INSIDE C	ITY LIMITS?	13e STREET ADD	RESS			
Ma	ryland	Pr. C	eorges	Greenbel	t	YES 🗌		7704 F	lanover	r Pa:	rkway#	204
14. F/	ATHER'S NAME		WIDDLE	LAST		F	IRST		MIDDLE		LAST	
	orge		Clell	Blunck				J.			Miner	
16a. V	ES. NO, OR UNKNOW!	VER IN U.S. ARA	MED FORCES? WAR OR DATES)					70.7	2 6ADDRESS	Harl	borVie	wLane
					428	Geor	ge C	. Blunc	k Bri	LSTO.		
	18 CAUSE OF D	THINALAC CALLCER	DV		134		135-2				BETWEEN ONSE	E INTERVAL
	9000	IMMEDIAT	E CAUSE (a)A			icati	on	11100				
	Conditions.	if any, which	DUE TO, OR A	IS A CONSEQUENCE	OF							
	gave rise	ta immediate	(b)	S.A. CONISSOURNIES	0.5				1			
			DOE TO, OR A	S A CONSEQUENCE	OF							
	PART 2 OTHER SIGN	FICANT CONDITIONS	ONTRIBUTING TO DEATH RE	IT NOT BELATED TO THE TERM	INAL DICEASE	CONDITIO	N CIVEN IN DA	DT 1 (a)				
N			STATE OF STATE OF	THE TEXA	HINE DIDENSE	L OK COMPILIO	N GIYEN IN I'A	(1-1-10).				
ATIC	19a. DATE OF O	PERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	'AS PERFOR	MED?				20. AUTOPSY	?
IIFIC											YES 🔯	NO 🗆
CER						YAULMI WC	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 F	PART 1 OR PAR	RT 2)	
CAL	UNDERLYING CONTRIBUTING	OR CAUSE OF D	P.M.	12/3/197	9 i	ngest	ed dr	ugs				
(ED)	21d. INJURY OC	CURRED	STREET FACTO	FINJURY (AT HOME,	21f. LO	CATION			TOWN	col	INTY	STATE
2	AT WORK	AT WORK			77	Оц На	nover	Pkwy. G	reenbel	t, Pi	r.Geo.	Jo., Md
			e of the remains desc	ribed above, held an	Autop	XX,	Inspection	n , Inqui	ry , and	d in my ap	inian	
		trom Name	of couses . In	Accident 54	ricide 🔲	Hami	ride .	Undetermined	manner X,			
	death resulted	Com.				71715 /0						
		/	I IV	4	_	TITLE (3	PECIFY)					
	ACTUAL SIGNATURE	(1)	work	Honey		Depu	ty Ch	ie£edical ex	AMINER	DATE	12-7-7	79
	ACTUAL SIGNATURE	CU	LOWAR D. C.	Mith M.D.		Depu	ty Ch			DATE SIGNE	12-7-7	79
0	ACTUAL SIGNATURE EXAMINER'S N. (TYPE OR PRINT	AME Th		Mith, M.D.		Depu	ty Ch	ll Penn	St.	DATE	12-7-	79
1	EXAMINER'S N. (TYPE OR PRINT URIAL, CREMATIC	AME Th	3b. DATE	23c. NAME OF CE	METERY O	ADDRESS_	ty Ch	11 Penn	st.	COUN	aty s	79
Ć	EXAMINER'S N. (TYPE OR PRINT	AME Th	36. DATE Dec 8,19		metery o	ADDRESS_	ty Ch	11 Penn	St. Shingt	cour	TY S	STATE
	1- 1. DEI (TYPP 13. SE) 1. OE 170. BIS	T- FOR PRINT! 1- STATE REGISTRAR 1- DECEASED NAME (TYPE OR PRINT!) 3- SEX 1- Temale 70. BIRTHPLACE (STATIONAL TOWN OF LANDAM 10. CITY OR TOWN OF LANDAM USUAL RESIDENCE (IF IBIG. STATE MARY LANDAM 130. STATE MARY LANDAM 141. FATHER'S NAME FIRST GEORGE 160. WAS DECEASED E (YES. NO, OR UNKNOWN NO 181. CAUSE OF COUSE (a) STATE LANDAM PART I DEAT PART I DEAT 190. DATE OF OUT ON THE SIGNI VOIL TOWN OF COUNTRIBUTING CONTRIBUTING CONTR	TOR STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Thali 3. SEX 4. RACE female White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH Lanham USUAL RESIDENCE (IF IN NURSING MOME O 130. STATE 133. COUNT Maryland 14. FATHER'S NAME FIRST GEOTEE 160. WAS DECEASED EVER IN U.S. ARA (YES. NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED 18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED 19. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF D 21d. INJURY OCCURRED WHILE AT WORK AT WORK	TOR I - STATE REGISTRAR Thalia A Thalia Thalia A Thalia A Thalia A Thalia Thalia Thalia Thalia A Thalia Tha	Thalia Aileen 3. SEX	TO BEPARTMENT OF HEALTH MEDICAL EXAMINER'S CONTRIBUTIONS OF THE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) Thalia Aileen 3. SEX 4. RACE white Jun 16, 1958 21 yrs. 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TOWA 10. CITY OR TOWN OF DEATH Lanham USUAL RESIDENCE (IF IN NURSING HOME OR OTHER HISTITUTION, GWE STREET ADDRESS) 100. STATE 113b. COUNTY Maryland 11c. CITY OR TOWN Maryland Pr. George Clell 11c. FATHER'S NAME FIRST George Clell 11d. FATHER'S NAME FORCES? FIRST George Clell 11d. FATHER'S NAME FIRST MADDIE LAST Blunck 11d. SOCIAL SECURITY NO. 568-27-3428 11d. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS TO DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS TO DUE TO, OR AS A CONSEQUENCE OF (b) CONTRIBUTING 21d. INJURY OCCURRED WHILE AT WORK 11d. STREET, FACTORY, FAMM, ETC.) 77	FOR DEPARTMENT OF HEALTH AND MI MEDICAL EXAMINER'S CERTIFIC	TO STATE REGISTRAR I. DECEASED NAME (TYPE ON PRINT) Thalia Aileen S. SEX Thalia Aileen Thalia Aileen S. SEX Thalia Aileen S. DATE OF BIRTH JU. S. A. JU. 16, 1958 JU. 10, 1958 JU. 16, 1958 JU. 10, 195	Torright The Carter The C	Tork STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENG REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Thalia Afleen Blunck Blunck Blunck DEATH MATED 12 15.EX Female White Jun 16,1958 21 yrs Bushers Jun 16,1958 21 yrs Bushers Jun 16,1958 Jun 16,195	Today Part Part



was all waster forest stail CHICLE (BEGG (BES CONCRETE STORES 100 25 56 - 4-15 25 M THE HOLLES OF THE STREET ON TO STREET IN TOTAL wom it sensitive the Est this court her And the demoks of the state of Three trible a light of the state of the sta

Rd., Suitland, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR RODT

Funeral Home

DHMH - 16 50M 7/77 (VRA 15(4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

REG. NO

YEAR

79

INDUSTRY

IF UNDER I YEAR

1

YES

COUNTY

22c. DATE SIGNED

2h HOUR

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

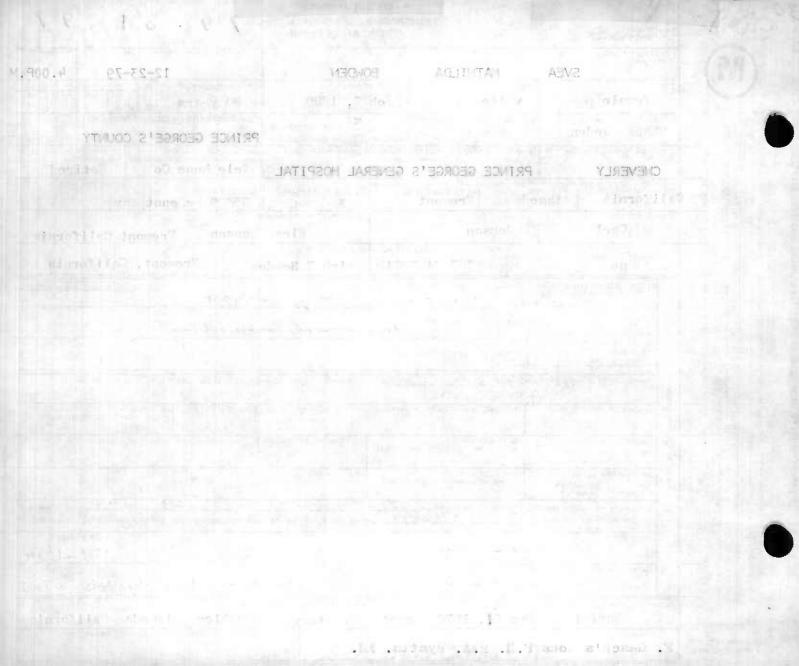
NO [

STATE

2:57PM

IF UNDER 24 HRS HOURS

E113 81 I 0			77:777	4)	131030	
	1	15		War sull	0	ITA *
77,1100, 220,10	TIO ADUTTO		XX	AC	u l	III VIX III
	770 74			TOOLY CHONE	E0803 7	اران اولین ماری میرید کرید
052	TR 1 BOX	Species, qu	יה הזין	TOTAL CAP FOR	PETMON C	TWATYFAL
				FORWILL	. 2744	THA
			\" = \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		THE PRINT	
		1	-5.5			
			-5.5			



in ire - 7., firm, c.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TA (TYPE OR PRINT) DEATH MATED A AGE (IN YEARS 5. DATE OF BIRTH IF LINDER 24 HRS DATE DEAD 9. BALTIMORE CITY OF COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Kansas 126. KIND OF BUSINESS NAME OF HOSPITAL NUMBING HOME OF OTHER INSTITUTION Laborer Construction 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Brandywine NO XX 12516 Litton Avenue George LAST MIDDLE J. Yates Raleigh Audrey (YES, NO, OR UNKNOWN) Raleigh M. Bradshaw Samew as 219-82-5609 No CAUSE OF DEATH (Enter only one couse per line for (o): (b), and (c).) BETWEEN ONSET AND DEATH ple in news with head themes PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES NO 21a. EXTERNAL CAUSE WA 21b. TIME OF NJURY OR UNDERLYING ONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY WHILE AT WORK DIRECTOR: 22s. I certify that I taak charge of the remains described above, held on Inspection deoth resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) Deputy TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAM / Augusto P. Rodriguez M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 1979Cheltenham Vet. Cem. Cheltenham P.G. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE exander Ferry Rd. Listing Mc Branch **DHMH - 17** (VR A15 ME (5)) Clinton, Maryland ee Funeral Home 15M7/76

TEDES No. and the Carrier of the Contract of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TO MONTH TYPE OR PRINTI DEATH MATED 2d HOUR DATE LAST BIRTHDAY PRONOUNCED MALTIMORE CITY OR COUNTY OF DEA TO BIRTHPLACE (STATE OR NEVER MARRIED U.S.A. Maryland DIVORCED AME OF HISTARIAL NURS NO HOME, OR OTHER INSTITUTION Y OR TOWN OF DEATH Ret. Maintance W.S.S.C. Brentwood Prince Geo. Maryland 4209 Newark Road Apt 2 YES [X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Brady Alberta Vernard Fowler 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YN NO, OR UNKNOWN) 577 14 8714 Ruby A. Brady Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: anterios selevotre Condis Visculos disperso IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED NOT WHILE CITY OR TOWN COUNTY STREET, FACTORY, FARM, ETC.) AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion ARYLAND, EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALLMORE, MARYLAN Undetermined manner Suicide Hamicide death resulted fram: Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md., 20031 EXAMINER'S NAME Augusto P. Rodriguez M.D. TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery 23d. LOCATION Burial CREMATION, REMOVAL 236. DATE 12/10 12/10/79 Brentwood P.G. Md. DATE REC'D. BY REGISTRAR THE HIGH THARMS TO THE 24. FUNERAL DIRECTOR Gasch's Sonson Funeral Home, P.A. **DHMH-17** VR A15 ME (5)) Hyattsville, Maryland 15M7/76

THE REAL PROPERTY OF THE CASE OF THE PARTY O Will State To Elect occo where . . where hits at the Property with the control of the con Pennety of the court them to the contract them. don from Lating trans

tried lt/4/10 arlim ton thicael Fort Wes, Vissinia charge through one of I entire II. J. E.

			STATE OF MARYLAND
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3 1 5 0 2 CERTIFICATE OF DEATH
3 m= /		CEASED NAME FIRST TAMES	S F. BRIGHTWELL 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR.
Your And You	3. S		4 RACE S. DATE OF BIRTH BAY YEAR BASE (IN YEARS LAST BIRTHDAY] B UNDER 24 HR MONHS DAYS HOURS MIN
1 (1X)	14	MALE	CAUC. 11 3 15 64 YRS.
	5	STATE OR FOREIGN SOUNTRY WAR VLAND	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SHOPE CITY OR COUNTY OF DEATH WIDOWED DIVORCED SHOPE CITY OR COUNTY OF DEATH
	5 10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOTH SUCH FACILITY GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1 2 2 2	USU J30	AL RESIDENCE IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
S all S	6	/ 100 000	Geo Temple HILLS YES NO 1 5902 Lt. MORITZ DR.
ond 2	C	SELBY E	MIDDLE BRIGHTWELL MARY G. PADGETT
obud co		WAS DECEASED EVER IN U.S. AF	ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS
2 0 L 2	-	IR CAUSE OF DEATH (Enter o	
physical phy			only one couse per line for (0), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONEST AND DEAL ATE CAUSE (a) APPLICATION APPROXIMATE INTERVAL BETWEEN ONEST AND DEAL BE
oth cending		1629	DUE TO, OR AS A CONSEQUENCE OF
the deo		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
thot d by leose ial, cri		underlying couse last.	(c)
47 A) A			
aguires n signe Then pl to buri	Z O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ire bud	ICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The law require ctan. te has been sign list permit Then, giene priar to bus shows any injury.	ERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YES NOW YES NOW YES NOW YES NOW YES NOW NOW NOW NOW NOW NOW NOW NOW
een sign it Then it or to bu	CAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NOW YES NOW YES NOW YES NOW YES NOW YES NOW NO NOW 10b TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
NN. The law require hysician. It cole has been sign transit permit. Then Hygiene prior to but 18 shows any injury.	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NOW NOW NOW 10 AUTOPSY? YES NOW YES NOW YES NOW YES NOW NOW NOW 10 AUTOPSY? YES NOW YES NOW YES NOW YES NOW NOW 10 AUTOPSY? YES NOW YES NOW YES NOW NOW 10 AUTOPSY? YES NOW YES NOW YES NOW NOW NOW 10 AUTOPSY? YES NOW YES NOW NOW NOW NOW 10 AUTOPSY? YES NOW YES NOW NOW NOW NOW 10 AUTOPSY? YES NOW YES NOW NOW NOW NOW NOW NOW NOW NOW
ING PHYSICIAN: The law require ratending physician. Wer this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to bureded or them 18 shows any injury.		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO PART 1 OR PART 2 OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY 1 OR PART 2 OR PART 2 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21c. PLACE OF INJURY 1 OR PL
ATTENDING PHYSICIAN: The law require spital or attending physician. CTOR: After this certificate has been sign if for use as the buriol-tronsit permit. Then i. of Health and Mental Hygiene prior to but at its marked or Item 18 shows any injury, a 21 is marked or Item 18 shows in prior in parts.		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (th	198 CONDITION FOR WHICH OPERATION WAS PERFORMED 288 AUTOPSY? 286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YEATH YES NO YEATH YES NO YEATH NO YEATH P.M. 19 19 19 19 19 19 19 19
OR ATTENDING PHYSICIAN: The law require he hospital or attending physician. DIRECTOR: After this certificate has been sign orhed for use as the buriol-tronsit permit. Then Dept. at Health and Mental Hygiene prior to but		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.I certify that (I) (the saw the deceased alive at	198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 213 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 214 LOCATION STREET CITY OR TOWN COUNTY STATE 215 Data of the deceased from 19 Place of the deceased from 19
itTAL OR ATTENDING PHYSICIAN; The law require by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been sign efeatoched for use as the buriol-transit permit. Then State Dept. of Health and Mental Hygiene prior to bun INT; if them 21 is morked or them 18 shows any injury.		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (th	19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y
itTAL OR ATTENDING PHYSICIAN; The law require by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been sign efeatoched for use as the buriol-transit permit. Then State Dept. of Health and Mental Hygiene prior to bun INT; if them 21 is morked or them 18 shows any injury.	MEDICAL	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (th) saw the decosed alive or abave. (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (THE	198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO 100 CERTIFYING CAUSES OF DEATH? YES NO 100 CERTIFYING
HOSPITAL OR ATTENDING PHYSICIAN; The law require ined by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been sign ald be detached for use as the buriol-tronsis permit. Then in the State Dept. at Health and Mental Hygiene prior to but ORTANT: if them 21 is marked or them 18 shows any injury.	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (th) saw the deceosed alive or abave, (I) (we) (did) (did no	198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO 100

THE RESERVE TO SERVE THE PARTY OF THE PARTY WINDSHIP TO SELECT El to the 24 May a constitution of the 22 miles and THE RESERVE OF THE PROPERTY OF THE PARTY OF

12	F		ems za.,	CC.	DE	PARTM	ENT OF	HEALTH	AND ME	NTAL HY	YGIEN	E O		2 1		0	-2
1	- SI	TATE Fil	Lm#G539	1-24-	MEDI	CALE	KAMIN	ER'S C	CERTIFIC	ATE OF	F DEA	TH 7	REG	.NO.	ad	0	3
		ASED NAM	NE FIRST		M	IDDLE			LAST		2	20. DATE	KNOWN	MONI	H DAY	YEAR	26 HOUR
1	TYPE (OR PRINT)	JAMES					RI	POORG			OF DEATH	ESTI-	<u> </u>	4	79	
3 5	EX		4 RACE	IS DATE (OF BIRTH		AGE (IN YE	ARS IF UN	ROOKS NDER 1 YR. III	F UNDER 2	24 HRS. 2	2c. DAT	E	MONT	5 DAY	YEAR	10:40
n	na:	le	black	MONTH	28-1	931	4 8 Y	RS. MONT	HS DAYS	HOURS	MIN P	PRONOU	D D	12	-4	1979	P _M
		HPLACE (S		76 CITIZ	EN OF WHAT	COUNTR	Y?	8 MARR	ED NEVE	RMARRIF	DAT			Y OR COU			
	1 ONE	MD .		1	11-5.1	4		WIDOW		DIVORCE	-	Pr	ince	Georg	e's	Count	E y
10.		ORTOWN	OF DEATH						ER INSTITUTION				JPATION DRKING LIFE	(TYPE OF WOR	x 12b K	CIND OF BU	JSINESS
	Cl	never1	rà,	Pr	ince G	eorg	e's C	o. Ho	ospita1		. 1		loy eq	/	- 4	vilde	
	UAL ST/		(IF IN NURSING HOME	OR OTHER INS	TITUTION, GIVE RI	3c CITY C	RTOWN	. /	134 INSIDE CITY	LIMITS?	13e. STRE				FAI	MH MEN.	+11913
1	MI		P.C	91		1-17/n	mouni	+ 1191	YES 4	NO [57	15-J	est	31			IACL
14.	FAT	HER'S NAM	E	MIDDLE		LA	ST	1631	15 MOTHER	S MAIDEN	NAME	,	MIDDLE		-	LAST	
	-	Thon	1195 BA	rook	5	10		715	5 U.S.	SIC V	len	kin	15			-	
		S DECEASE	ED EVER IN U.S. AR	RMED FOR	123		L SECURIT		1 .						Th		
		425	ww	2-		218-	24-6	975	50310	e Do	mmi	nyte	211/11	0000	Nens	hel	
	T	8 CAUSE	OF DEATH (Enter or EATH WAS CAUSE	nly ane cau	se per line far	(a), (b), o	ind (c).)	-4- 1-								APPROXIMATI	E INTERVAL T AND DEATH
		PARTID	MEDIA IMMEDIA	ED BY: ATE CAUSE	Smo	ке а	na so	ot ir	ma rat 1	LOTI							
-	, !	89	02	(DL	JE TO, OR AS	A CONS	EQUENCE	OF									
			ans, if any, which		(b)												
		cause (a	a) stating the under		JE TO, OR AS	A CONSI	QUENCE	OF									
		lying ca	use last.	((c)												
	1	PART 2 OTHER 5	SIGNIFICANT CONDITIONS	S CONTRIBUTION	G TO OFATH BUT	NOT RELATE	O TO THE TERA	AINAL OISEAS	E OR CONDITION (GIVEN IN PART	1 1 a.				- 14		
N																	
TAT		19a. DATE O	FOPERATION	19	b. CONDITIO	N FOR W	HICH OPE	W NOITAS	AS PERFORM	NED?	7,50	100				AUTOPSY	?
TIEN															13	YES X	NO 🗌
CEPTIEICATION	S T		AL CAUSE WAS	ap	PROX 5 IN	JURY	DAY YEA		OW INJURY C				NJURY IN ITE	M 18 PART 1 OF	PART 2)	-	17 10
		UNDERLYIN	G XXOR ING CAUSE OF	(1 -	00 P.M.	12-4	- 79	cat	ight in	n hous	sefi	re					
MEDICAL			OCCURRED		e PLACE OF		(AT HOME.		CATION			CITY OR TO	OWN	195	COLIFIEN	100	STATE
3		AT WORK	NOT WHILE	x b	asemen	t be	droom	571	15 Jost	Plac	ce	CITOKT	Che	everly	, Ma	irylai	nd ""
	1		tify that I taak char	can of the se	mains doss-th	and about	hold a-	Auton	KX,	Inspection		Inquir		and in my	opinies		
					ALCOHOL: STATE OF THE PARTY OF	ccident	-	oicide	1			, ,		and in my	apinian		
	1	death resul	Natu	ural causes	C T	ccident	ALA SI	ncide [Hamicio		Undete	ermined n	nanner L	_,,			
		ACTUAL	Mouse	0.15	how	.10,		194	TITLE (SPE	istant	t			DA	TE 1	12/6/	79
	i	SIGNATURE	Janey		110.90	~~		<i>N</i>	1.D	LUCALL	MEDI	CALEXA	MINER	SIG	NED	//	
	8	XAMINER'S	NAME Mar	garit	a A. K	Core 1	1, M.	D.	ADDRESS	111 1	Penn	Str	eet				
230			ATION, REMOVAL	225 DATE		102. AL		-	R CREMATOR	RY	[23d. LO	CATION				1	
1	ISP	CIEM		12-1	5.79	2	las	NOME	Pen	7.	CITY	DOTOWN	Inne	1 02	DUNTY	Wal!	TATE
24	. FŲI	VERAL DIRE	CTOR ,			-	1121	,,,,,	25	50. DATE RE	7 19	REGISTR		FEISTRA	- 5V . WA	TUE	
1.	43	CUAS	ctor hington -	- Sauce	ADDRESS	mich	13.	non	Le A.D	EC1	7 19	19	100	7	-	7	
, ,					1 / 1/11	/	1/4/2	no cy	7311								

:::3.

restrict a 1 of the oction

ing were in , of the work on the

n con en con

c more, : 20-4- 70 com 2 t 60 -0-0 cm

en exite ... enell, ...

Secretary Electrosis

5	1-	FOR STATE REGISTRAR				MENT OF	HEALTH	MARYLAND HAND MENT CERTIFICA		1 4	REG. NO.	1 5	0	4
25 I S	(TYF	CEASED NAM	Elsie		WIDDLE		Brow	last ∛n		OF	NOWNXX MO ESTI- MATED 1	2 18	79 19	2b. HOUR
ECESSARY NERALDI FOR YOU WITHIN 78 HO PRESTON 18	7a. B	emale	black	S. DATE OF BIRTH MONTH DAY 4 5	YEAR 30 HAT COUN		RS.			PRONOUNC DEAD 9. BALTIMO	TED 12	18	1979	7:50 P· M
ヹヹゕ゚ゔ゚゚゚゚゚゙゙゙゙゙゙゙゙゙゙゙゙゙゙゚゚゚゚ヹヹゕ゚ヹヹ゚゙゙゙゙゙゙゙゚゚゚ヹヹゕ゚ヹヹ゚ヹヹ゚゚ヹヹヹ゚゚ヹヹヹヹヹヹヹヹ		TY OR TOWN	OF DEATH	USA			WIDOV	VED DI	NORCED. 120. US	UAL OCCUPA	ICA GAOT	nex 112b. K	IND OF BU	MD
OEL 3 TO NIN P P BE RDS.	USU	Chever1		OR OTHER INSTITUTION, GI	VE RESIDENCE			L Hosp.		REET ADDRES		°	OR INDUST	кү
AD. 21201 S. 1, 2, AND 3 TO S. 1, 2, AND 3 TO NO 2 SHOULD BE F VITAL RECORDS, 3	MA 14. F.	RYLAND ATHER'S NAME		MIDDLE	SuIT	LAND			0 21	10 BRO	OK DRIVE	AP.	T#T8	
FTER DE F PAGE F PAGE F ON OF	16g. \	ES, NO. OR UNKNO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		1 CIAL SECURIT - 52 – 08		17. INFORMAN GLORIA			ADDRÉSS HINGTON,	DC.	100	
		18 CAUSE C	ATH WAS CAUSED	ly ane cause per line D BY: Gun TE CAUSE (a)	far (a), (b)			head	K22001	hand			APPROXIMATE WEEN ONSE	E INTERVAL T AND DEATH
UTED WITHIN 2 UTED WITHIN 2 IN PENCIL IN IT REAL TRANSIT P MENTAL HYGO OR REMOVAL.		gave ri cause (a lying cau		(b) DUE TO, OR	AS A CON	NSEQUENCE NSEQUENCE	OF							
TAL RECORDS, 36 HOULD BE EXECU RD 'PENDING" IN CHIEF MEDICAL E USED AS A BUR O F HEALTH AND AL, CREMATION, C	CERTIFICATION		OPERATION	19b. CONDI				SE OR CONDITION GIVE					AUTOPSY'	
CERTIFICATE SHO TING THE WORD DED TO THE CHI E 3 SHOULD BE US E DEPARTMENT OF	MEDICAL CERTII	UNDERLYING	NG CAUSE OF	210. PLACE C	M 12		^R 9 sı	ow INJURY OCC ubject s		R NATURE OF INJUI	RY IN ITEM 18 PART 1		YES XX	NO []
THIS EWAR	W	WHILE AT WORK		STREET, FACT		arked		STREET 30Brooks Ssy XX Ins	Drive,	Suitlar Inquiry	nd, PG	county counts	, MD	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE RAGE 4 SHOULD BE FOR ATTE FUNERAL DIRECTOR: ATTER DEATH, WITH THE S BATTIMORE, MARYLAND, 2		, death result ACTUAL SIGNATURE	ed from: Notur	ral causes D;	Accident Xry ([], si	vicide	Hamicide TITLE (SPECI	IFY)	DICAL EXAMI	D	ATE 12/	² 20/7	9
TO MEDI EXECUTE EXECUTE PAGE 4 TO FUNE BALTIMOI	23a.B	EXAMINER'S (TYPE OR PRI URIAL CREMA RTM) VA	NAME Mar	garita A. 3b. DATE 12-20-70				ADDRESS 1	23d. L	OCATION Y OR TOWN	Balto.,	COUNTY	Sī	TATE
BP DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. F	UNERAL DIREC		ADDRESS		N. MOI		250	DATE REC'D. B DEC 2 1		E COUNTY 251 DESTRAI	VIII R'S SIGNA	RGINI TURE	Α

See Suche century e of merels a sect as let the special contract that the state of the s

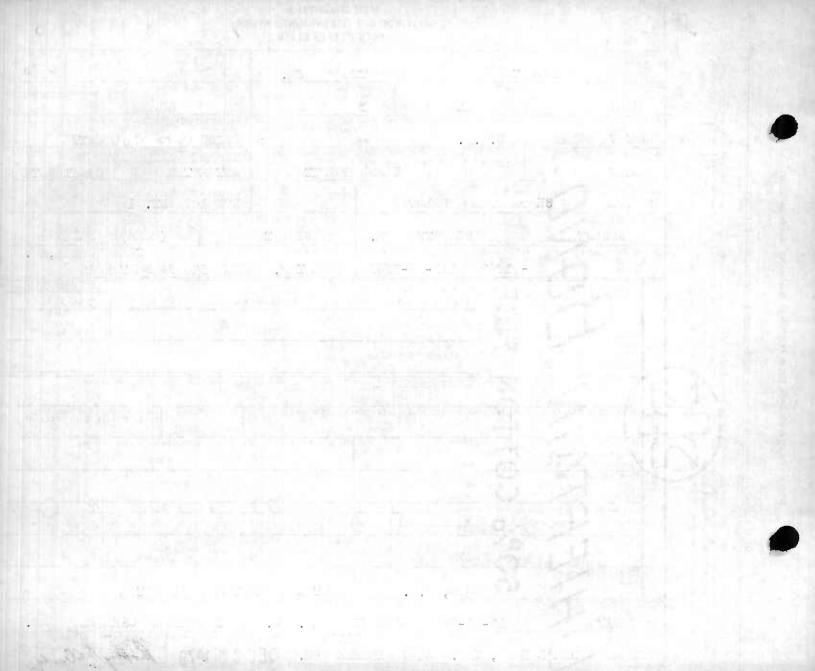
2 2		1				STA	E OF MARYLAND			
2 5		1.	FOR STATE REGISTRAR		DE		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 9	3 1	5 0 5
) /		I DE	CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY Y	YEAR 25. HOUR
be 3			JAN	IES	F.	E	ROWN	39	12-24-79	8:00PM
may pa	7.54	3 SE		4 RACE		5. DATE	OF BIRTH	& AGE IN YEARS LAST BIR		
39e 4	nce.		M	1	3	12	- 19- 1907 YEAR	72	YRS.	DAYS HOURS MIN
Jestin. P.	Fied at o	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	75 CITIZEN	OF WHAT COU	MARRI	D NEVER MARRIED		E GEORGE'S	
the fur	97.1	10 C	TY OR TOWN OF DEATH	(IF NOT IN	SUCH FACILITY, GIV	NURSING HOME VE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12h. K	CIND OF BUSINESS O
hours in by filed	5/1		HEVERLY				MED. CENTER	KETIRED	21.	S. GOUT.
filled in	133	13a S	AL RESIDENCE (IF NURSING HOM TATE 136 CC	OUNTY .	13c CITY O	RTOWN	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	AR HOTS.	DR.
with tely sho	exac	14 FA	THER'S NAME	umbur.	HT DA		15 MOTHER'S MAIDEN NA		VE SEE	
nple nd 2	le / le		EDWARD	BRI	OWN	AST	ANNE	MIDDLE	RRISON	LAST
xeci	a l		AS DECEASED EVER IN U.S.	ARMED FORCES	S? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRE		
e be ex	the	,	ES, NO OR UNKNOWN] [IF YES,	GIVE WAR OR DATES		28-9186	ELIZABEM MAN	13UAII - 1004 (SUPPRESS TI	REF Pr.
tificate nysicia apers.	event		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	r anly one cause						APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
cerri g p b	Tatic			NATE CAUSE (0)	MAL	LINIES	tinal obs	(12UG 10K		2 DAYS
eath andir	ranu		1539	DUE TO	OR AS A CON	SEQUENCE OF	2.41 -14.			Jyor
the d	other t		Conditions, if ony, which gave rise to immediate	(16	///STAS	TATIC H	DENOCARCIMO	MA OF COL	ON	LIKS
that the by the se remainder	, or ot		couse (a), stating the underlying cause lost	DUE TO	OR AS A CON	NSEQUENCE OF				
require n signed nen plea to burit	y injury	N	PART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(o)
e law s been	we sau	CERTIFICATION	190 DATE OF OPERATION	196 CO	NDITION FOR	WHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE I	FINDINGS USED
The France Commerce	shows	FF	B150-					YES T NOT	IN CERTIFYING CA	AUSES OF DEATH?
CIAN: sician. tificati ansit p	00	ERT	71a. ACCIDENT WAS UNDERLYING	21b. TIM	E OF INJURY		21c HOW INJURY OCCUP			
SIC Vsi vsi vsi vsi vsi vsi vsi vsi tra		1	OR CONTRIBUTING CAUSE OF							
PHYSIC ng physi this cert urral-tra	io D	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIL 214 INJURY OCCURRED		P.M. CE OF INJURY	19	211 LOCATION			
0 5 P	ECTOR: After to use as the but of Health and of Health and om 21 is marked	WE	WHILE TO NOT WHILE TO			OFFICE, FARM, ETC]	STREET	CITY OR TO	VN COUN	STATE STATE
ENDIN or atten OR: After se as the			AT WORK — AT WORK —			11177	10	DECTO	L 70	
F O O SI			22s I certify that (I) (this ha		the deceased		, 19_8	, 10	. 19	, that (1) (===) 1
hospital hospital DIRECT hed for a pent, of			isbody, (1) (wetchid) (dic		dy after death		nd that in [my] (sar) apinion	death occurred on the d		
AL DIF	= :- = :-		276. SIGNATURE	G. F	Jan.	will	ATTENDING PHYSICIAN	MEDICAL STA	FF _ //	DATE SIGNED
SPIT 1 by	RTAN		THE PHYSICIAN'S NAME ITY	PE OR PRINT)	\ <u>\</u>		120 ADDRESS Q 2	BOLCRES	7	111
to HOSPITAL retained by the TO FUNERAL I should be detach	400		JAMES	AE	3020W	u MM	H XA	TYSVILLE,	Mr 20	782
Short Short	3 =	236. E	URIAL) CREMATION, REMOV	AL 236 DATE		731 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP	1 7 1	1	1)	12-2	9-79	HARHON	MEH. CEN.	HIGHLAND	PARK,	Mo.
		24. FL	INERAL DIRECTOR	_	-	-		TE REC'D. BY REGISTRAR	256. REGISTRAR'S SI	
DHMH-16 (VRA 15, 4		4	S. WASHINGTON	+ 3045	4925 B		AVE. N.E.	JAN 4 198	U	710000

PRINCE GEORGE'S	HOSP. & MED. CE		ZHEVERLY
PRINCE GEORGE'S	OSP. & MED. CE	PRINCE GEO. 1	HEVERLY
PRINCE CEORGE'S		PRINCE GEO. 1	HEVERLY
25.Y = 14.510.5 73.44.10		PRINCE GEO. 1	HEVERLY
ZYAC GARAGO TO HANK			
ZYA GILLIAN TANAN		and ci	
ZSYNE MAISTON TO HAVIN		and ci	
ZSYSE PASION TO HAVE		and ci	
	Market Land	17.5	
		1	
The same of the sa			

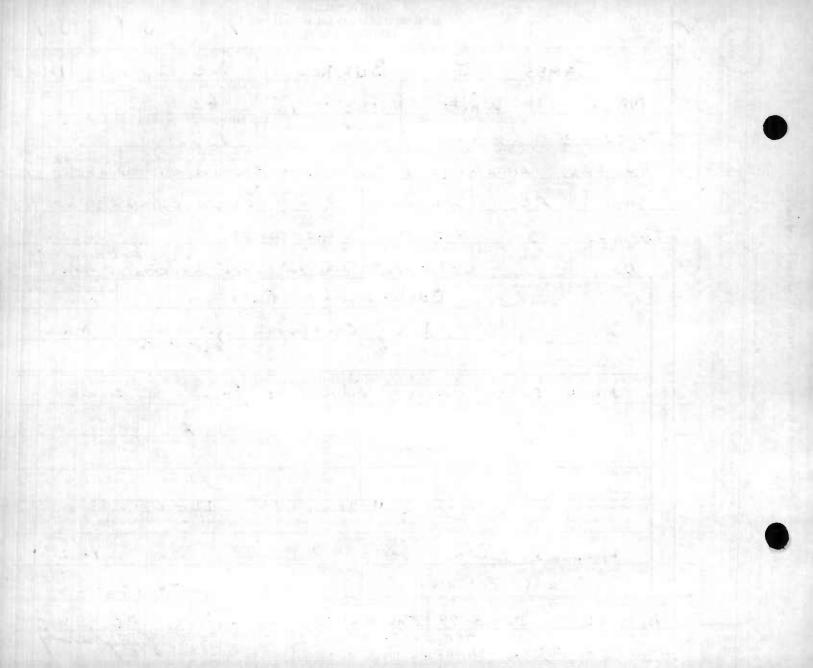
4107 WILKENS AVE.

(VR A 15 (4))

HUBBARD FUNERAL HOME, INC.



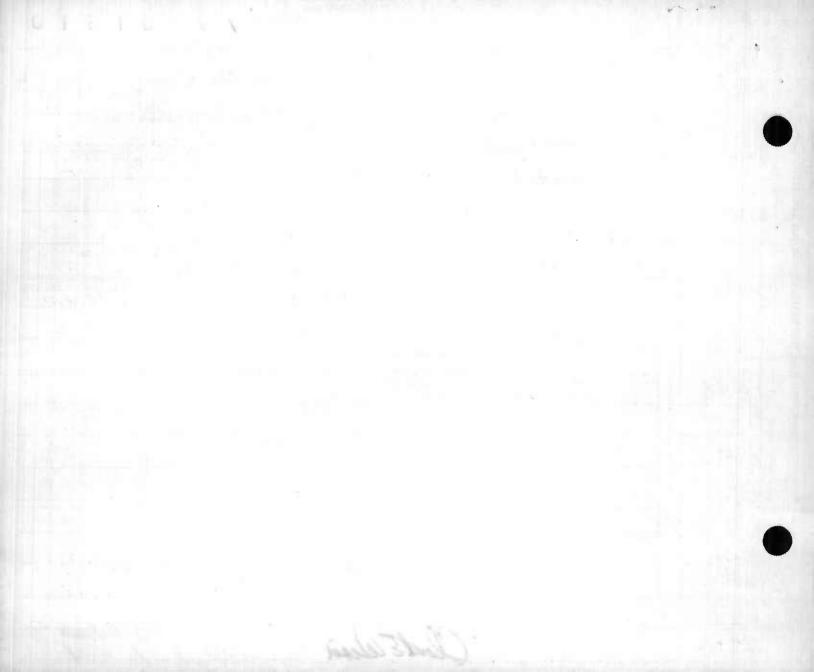
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI Dec AMES 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST RIPTHDAY) I LINDED TANK MONTH YEAR DAYS DEC. 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MEN YORK WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REATER LANDEL BELTSY, LL MURCHANDISE MGR. AIRBRUS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS AUREL 8206 GURMAN AVE. APT. 355 mn YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MARGARET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 8206 GORMAN AYE 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LAUREL, mp. 20810 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Months Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Nouth 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 11-26-22a.1 certify that (1) (this haspital) attended the deceased from_ 12-2-10 saw the deceased alive an_ and that in (my) (aur) apinion death, occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL my STAFF Menso PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e, ADDRESS ld be IMPORT, GURSEWE GORMAN Ade, Sout 4 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN 143 24 FUNERAL DIRECTOR COP 250. DATE REC'D. BY REGISTRAR 256. HE WE DHMH - 16 60M 7/73 (VR A 15 (4)) OMPRD M. FLECK LAUREL, MD. 2081



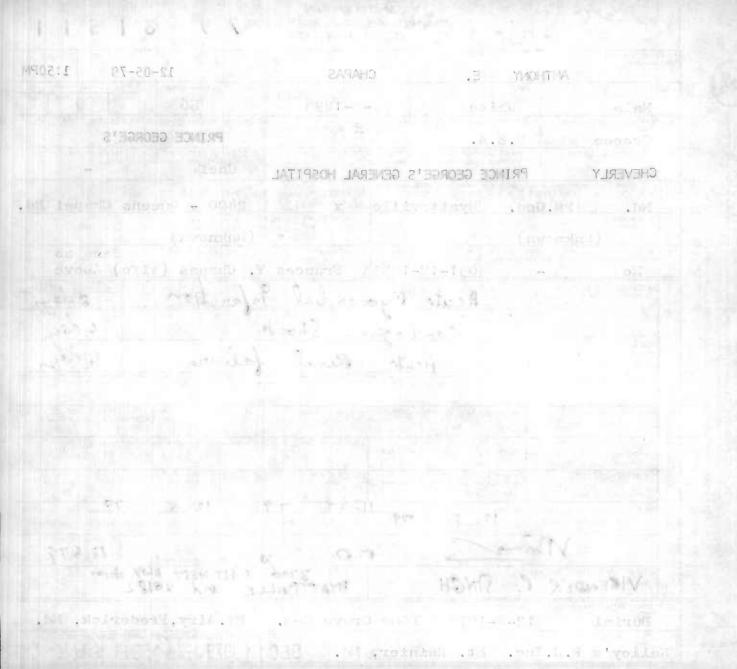
11		STATE OF MARYLAND	
7	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG	508
		DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN IN MONOR TYPE OR PRINTING	TH DAY YEAR Zb. HOUR
ASE OR. JRS		BON Dee CAMEROIY DEATH MATED 13	1-31 1079 M
DIRECTION STATE	3. SE	VICE UNITE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 22. DATE MONTH White White 1 ST HOAT MONTHS DAYS HOURS MIN PRONOUNCED J - 3 YRS.	74 DAY MAR 24 HOUR
ESSA FRAL HIN FESTO	E E	FOREIGN COUNTRY) MARRIED NEVER MARRIED	JNTY OF DEATH
S S S S S S S S S S S S S S S S S S S	-	Alabama U.S.A. WIDOWED & DIVORCED [] PINNEY (Je Ou	
S. S	4 106	TNAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) TO MUNICIPAL TO MOST OF WORKING LIFE)	RK 12b KIND OF BUSINESS OR INDUSTRY
IF ANY DE SHOULD BY SHOULD BY SECORDS	USU 130	WAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THAT IS A THE WORLD TOWN TOWN TOWN TOWN TOWN TOWN THE WORLD TOWN TOWN TOWN THE WORLD TOWN TOWN THE WORLD TOWN TOWN THE WORLD TOWN TOWN THE WORLD TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	e Mountotoris
	14. F	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE LAST FIRST MIDDLE	LAST
RE, MI	di .		Burton
BALTIMORE, MD. URS AFTER DEATH WITH FORM PM. VAITH FORM PM. PAGES 1 AND 2 DIVISION OF VITA	2 160.	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 177. INFORMANT ADDRESS 177. INFORMANT ADDRESS Richard B. Cameron same	e as 13
		18. CAUSE OF DEATH (Enter anly ane cause parties the (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., D. WITHIN 24 HOL ENCIL IN ITEM 18 AMNINER ALONG TRANSIT PERMIT ENTAL HYGENEM REMOVAL.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) (DUE TO, OR AS A CONSEQUENCE OF	
THIN I IN ER A VSIT I HYC	12	Canditians, if any, which	
01 W. PRES JED WITH PENCIL I EXAMINER JAL-TRANS MENTAL I OR REMOV		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
		lying cause last.	
L RECORDS, 34 UID BE EXECU "PENDING" IN EF A EDIC RED AS A BUR HEALTH AND	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECOI JID BE PENDI F MEE ED AS HEALTH	1 8	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ITAL RESHOULD OND "PEI OF LEE ! I OF LEE ! I OF LEE ! I OF LEE! I	기월		YES NO
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P ROFO TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURIAL E DEARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	R PART 2)
CERTI TING DED T DED T DEP T DEP T	EDIC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STAM BALTMORE, MARYLAND, 2120		220. I certify that I taak charge af the remains described above, held an Autapsy . Inspection . Inquiry . and in m	y apinian
MAIN TEIC TH TH		death resulted fram: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner .	
EXA CER CER CER CER WARW		ACTUAL DEPUTY DA DEPUTY	TE 12-31-79
ICAL SHO SHO ERAI PEAT	7		NED
MED AND AND AND AND AND AND AND AND AND AN	1	(TYPE OR PRINT) Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp S	prings,Md.2003
PACE PACE	23 a.	a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	-	Burial 1-3-80 Trinity Mem. Gar. Waldorf, Char	les, Md.
DHMH - 17 (VR A15 ME (5))		I. FUNERAL DIRECTOR The Huntt Funeral Home Waldorf, Maryland AN AN CONTROL OF THE PROPERTY AND AN	SOIGHATURE
15M 7/76	1	The ment of the real mone wathout to hary take	the state of the s

TEN DE BEST MOSTERE . DE BERGER DE COCCETT - P.C. - - - -The state of the s To attempt the day. It is being by the mine to the

121	07.01			EX.
		F. Samb	ed in	017-05
At map septions i	2141 29 L			
sand they I all as				Y INDIVIDU
epuly .lile	2030	To ala	riov23	
	*21.8	anic energi	1.00	
or an introduction	Denie L	Ed. 5 THE - II	-144	
M 1.8. A Boom				fallow

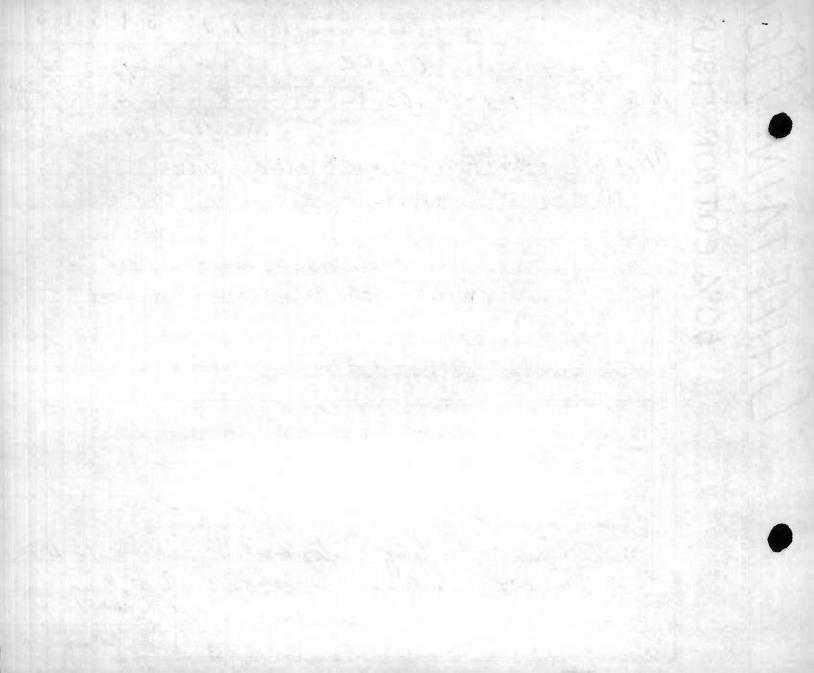


	1	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE 7 9 3	15	11
~		CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(Asia	ITAN	E OR PRINT) ANTH	IONY E.		CHAPAS	12-0	05-79	1:50PM
43A.9	3 SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	White	MONTH 5	-9-1893 TAR	86 yr	MONTHS DAYS	HOURS MIN
100	7a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN		
E 11/	1	Greece	U.S.A.	WIDOWE		PRINCE GEO	DRGE'S	MD
8	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME		120 USUAL OCCUPATION		F BUSINESS OR
374		CHEVERLY	PRINCE GEORG		ERAL HOSPITAL	Chef	G LIFE) INDUSTRY	
	USU 13e	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OR		134. INSIDE CITY LIMITS?	13. STREET ADDRESS		
F 555		Md. PR.G		sville	YES NO	2400 - Que	ens Cha	pel Rd.
e x a	14. F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME		
redical ((Unknow	ADDLE LAST		FIRST	(Unknown)	LAS	,*
Ē		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRESS	Same	28
the	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2-1035	A Frances	V. Chapas (W:		ove
event		18 CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b	b), and ig)	1 0	a / L-	BETWEEN	MATE INTERVAL ONSETAND DEATH
tic e		PART I. DEATH WAS CAUSED	ECAUSE (0) A CUIT	e Mye	cardial	Infanction	8	day
or r		410-	DUE TO, OR AS A CONS	EQUIRNICE OF	0.	1	C 722 -	10
rtra	141	Conditions, if any, which		nelo gen	vic Shock	R.	4	elgy.
cremai		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	0	Renal	faliwre	4	elon
to burial	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(c	01
shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	INCER	YES, WERE FINDIN	OF DEATH?
	ERT	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES DEPART 2)	но 🗌
lental Hygin or Item 18		OR CONTRIBUTING CAUSE OF DEA	110010 1 11 11001001		70 0000	Appropriate At 112001 to 11500	and the same of	
Aer or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	P.M.	19	211 LOCATION			
th and I	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OF TOWN	COUNTY	STATE
Use as Healt 21 is r		22a & certify that (I) (this haspit	al) attended the deceased for	*73	1, 27, 19 7	9,10 12.5		that (I) (we) last
DIMEC hed for Dept. of If Item		saw the deceased alive an above, (I) (we) (did) (did not		.19	nd that in (my) (aur) apinian	death occurred on the date and l		
T.:		22b. SIGNATURE	Sim		DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE	SIGNED 679
A P P P P P P P P P P P P P P P P P P P		224 PHYSICIAN'S NAME (TYPE OF	C SINGH	We del	17ATTSVIL	, EAST WEST HL	57. ±100	
should with 1	230	BURIAL, CREMATION, REMOVAL	3.101	234 NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		
× 35	230.	SMCIFY) Burial	12-8-1979		Grove Cem.	Mt. Airy, Fr	ederick	, Md.
1.40.0004	24 F	UNERAL DIRECTOR			25r. DA	TE REC'D. BY REGISTRAR 251 DEG		
1-16 25M 5, 4) 1/79	N	alley's F.H.	Inc. Mt. R	ainier,	Md. DEC	11 1979 Link	my Melle	welling



IN A COUNTY TO THE REAL PROPERTY. Control of the Contro

`)		FOR		EPARTMENT OF HEAL	TH AND MENTAL HY	GIENE O	5 5
~		STATE REGISTRAR	MEI	DICAL EXAMINER'S	S CERTIFICATE OF	DEATH REG. NO.	
		CEASED NAME FIRST	1	WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
Para la	(TYP	Henry	A	CLARK	L	OF ESTI-	19-7 1070
(38.85)	3. SE)	14_RACE	S. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2	4 HRS. 2c DATE	ONTH DAY YEAR 124 HOUR
Mark Bock	1	Tale Black	MONTH DAY	// //	ONTHS DAYS HOURS	MIN PRONOUNCED 12 -	4 79KK
3445	-	RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?		9 BAHMORE CITY OR C	OUNTY OF DEATH
品高級を育るる	FC	REIGN COUNTRY)	11 5	MA	ARRIED ARRIED	- 1 1 1 1 1 1 1 1 1	06.
25× 30 7	10. C	TY OR TOWN OF DEATH	III. NAME OF HOS	PITAL, NURSING HOME, OR C		120 USUAL OCCUPATION (TYPE OF)	MU.
等 14	1	howolly		ILITY, GIVE STREET ADORESS)	/ Hosh CADA	FOR MOST OF WORKING LIFE)	OR INDUSTRY
NY DE STAIN TAIN TAIN TAIN TAIN TAIN TAIN TAIN	USUA	L RESIDENCE (I IN NURSING HOME O	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSION)	الإنسان ومارا	JANTOR	
21201 F ANY D F AND 34 SHOULD T RECORDS	13a. S			13c CITY OR TOWN		13e. STREET ADDRESS	20/A A.
I W I W	-	11100.	1.6.	Hynttv.11e	YES NO	₹ 040	38 AVE.
	14. F/	THER'S NAME	MIDDLE	CLAST	15. MOTHER'S MAIDEN	NAME	LAST
DEAT OF A NO		DAVE		Clark	Lucy	Bre	oue
"IMORE, "FTER DE F PAGE F ORM FS 1 AN FON OF		(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE N		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	h
I A A I		No I		215-38-3526	, Catherine (JANK 5040-38" +	The. Hatt. Md'
700		18 CAUSE OF DEATH (Enter onl	y one cause per ligh	for (a), (b), and (c).)	- 0	01,	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
2 × × × × × ×	637	PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (Alet Select	w Cardes V	Escular dere	ever.
PRESTON VITHIN 24 CIL IN ITE NER ALOF ANSIT PER AL HYGIEI MOVAL:	100	4272		AS A CONSEQUENCE OF			
W. PREST D WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVAL		Canditions, if any, which gove rise to immediate	(b)				
OT W. PRE: UTED WITH N PENCIL EXAMINER HAL-TRANS MENTAL N OR REMOV		cause (a) stating the under-	< '	AS A CONSEQUENCE OF			
S, 301 W. PREST ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL INA BURIAL IN NO MENTAL IN NO, OR REMOVAL		lying cause last.	(c)				
SXECL IG" IN CAL BUR AND ON, O		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART	1 (a).	
DIVISION OF VITAL RECORDS, 31 S CERTIFICATE SHOULD BE EXECL STING THE WORD "PENDING" IN PRIOR OF THE CHIEF MEDICAL IN E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION, OF THE STANDON, OF TH	S S						
PEN	I V	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
CERTIFICATE SHOUL TING THE WORD "P DED TO THE CHIEF OF TO THE CHIEF OF THE SHOULD BE USE DEPARTMENT OF H PRIOR TO BURIAL, CR	CERTIFICATION	1,27					YES NO
OF V	E	210. EXTERNAL CAUSE WAS	21b. TIME OF		HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART	
ON O THE THE TO T		UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR		,	
CERTIFING TITING TITING TOPP AND PRIOR	MEDICAL	21d. INJURY OCCURRED		PFINJURY (ATHOME. 211.	LOCATION		
DIVIS THIS CER WRITING VARDED AGE 3 S ATE DEP	X	WHILE NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
THIS WAR WAR PAGE STATE		AT WORK AT WORK	1	1			
CATE FOR THE 40, 2		220. I certily that I took charge	e of the remains desc	ribed obove, held on Au	itapsy, Inspection	Inquiry , and in	my opinion
를 하는 성 등 등 등 등 등		death resulted from: Natur	ol coures .	Accident, Suicide	, Homicide	Undetermined monner,	
EXAM CERTI UILD E DIREC		ACTUAL MARIE	- QX	01	TYPLE (SPECIFY)		DATE 12 11-76
CAL EX THE CI SHOUL SHOUL ATH, V		SIGNATURE (/ PEGE	47.10	rangus	MOSPILLY		DATE SIGNED 2-4-19
EDIC PITE NOR AOR		EXAMINER'S NAME	~ DD	11.00	Valer	0, 1 1. 4	0. (
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER CURRAL AFTER CHARAL BALTIMORE, MA		(TYPE OR PRINT)	510F. KO	aprouge	_ADDRESS_20 9 9	Cay Bush Carry	Chine Assorts
1 JOO	23a. B	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETER	Y OR CREMATORY	23d COCATION CITY OF TOWN	26713 / STATE
6200	-	0001141	2-9-19	Lhurch Co	m-	HALIFAK YA	
DHMH-17 20M 1/73 (VR A1S ME (S))	24. F	INERAL DIRECTOR	ADDRESS	1 1 - 1	250. DATE RE	C'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	1-1	Azier F.H 389 1	K. L. Alle. Y	IASh. D.C.	hEC2	8 1979 proposy	// TONORY



12-27-79 3.809.14. 38,014,410 2E,04U 10 H 5181 , 1 .707 - -- 118 . . . d. W _ _ Finlsuly FRINCE GEORGE'S COUNTY PRINCE GEORGE'S GENERAL FOSFITAL BALEBURG CONTROL BELL - LEDINGED Tel. 19.5. El demand s 1990 Liet. Ut. Shirter British . The series of the state of the series of the ATA OLAH MOSHYEDI, M.D. N.OFF. BLDG. 305 LANDOVER, MD .AV obotion agomed you are included the later to the late

2	1		上川神はノノフ	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE D		
6	1-	STATE 1 24-80 al	MEI	DICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH REG. NO.	1212	
		CEASED NAME FIRST Waass	on	COBE		LAST	26. DATE KNOWN OF ESTI- DEATH MATED	12-21 1979 M	
RY, PLEA DIRECTG OUR FILE 72 HOU	3. SEX	lau Black	5. DATE OF BIRTH MONTH DAY 9-27-	GG 6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	2-2/ 1979 /AM	
NECESSARY, FUNERAL DIR 5 FOR YOUR V. WITHOUN Y	FO	RTHPLACE (STATE OR REIGN COUNTRY) ew Jersey		USA	WIDOW		- Musel	COUNTY OF DEATH	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CI	EUSVLY	IF NOT IN SUCH FA	PUTAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) CORPORATION	0	FRINSTITUTION	Student	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY	
IF ANY DE SHOULD B SHOULD B	13a. S	TATE INTO COUNT		VE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN	ION)	YES NO	5100 57th Av	enue	
MD. ATH.		THER'S NAME Rev. Rollo Co	MIDDLE	LAST			Jane Thorpe	LAST	
BALTIMORE, URS AFTER DE 3. GIVE PORM WITH FORM DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W NO	ED FORCES?	D FORCES? 16b. SOCIAL SECURITY NO. 1			Rev. Rollo Cobb-father-5100 5		
W. PRESTON ST., D WITHIN 24 HOU FINCIL IN 17EM 18 AMINER ALONG V FINTAL HYGIENE. I REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave tise to immediate cause (a) stating the underlying cause last.	BY: E CAUSE (a) DUE TO, OR	AS A CONSEQUENCE	OF	nomia c	Nes piratry	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMPECTION	
L RECORDS, 30 DULD BE EXECU "PENDING" IN IEF MEDICAL E SED AS A BUR CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERA	IINAL OISEASE	OR CONDITION GIVEN IN PAR	T 1 (c):		
TTAL RESHOULD SHOULD SH	CERTIFICATION	196. DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPER	RATION W	AS PERFORMED?		20 AUTOPSY? YES NO	
BIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE STITING THE WOOD "PENDING" IN PROFE TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M. PRIOR TO BURIAL, CREMATION, OR		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	M.9 HTA	. MONTH DAY YEAR	۲,		A981 M311 NI YAULNI 70 SAUTAN RSTNS) C	RT I OR PART 2)	
DIVISIO THIS CERTII WRITING VARDED T AGE 3 SHO ATE DEPAI	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE D AT WORK AT WORK	21e PLACE C STREET, FACT	OF INJURY AT HOME, IORY, FARM, ETC.)	211. LOC	TATION TREET	CITY OR TOWN	COUNTY STATE	
E CERTIFICATE. B CERTIFICATE. OULD BE FORV. WINETTHE STAND.		22a. I certify that I took charge death resulted fram: Natura ACTUAL SIGNATURE	of the remains des	Accident , Su	Autaps	y , Inspection Hamicide ,	Undetermined monner .	in my apinion DATE SIGNED 12-21-79	
TO MEDICAL EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEATH BALTIMORE,		EXAMINER'S NAME (TYPE OR PRINT)	to P.R.	DONGUEZ	/	ADDRESS 5009	Ray himlan	Laup Springs	
4000	Ē	urial, cremation, revoval pecify) urial	2/270	Lincol	1	morial C		land, Maryland	
DHMH-17 20M 1/73 (VR A15 ME (5))		UNERAL DIRECTOR NAME EWart Funeral	Home-4	1001 Benn:	ing I			TRAR'S SIGNATURE	

ot of or or O 10 The state of th Attack the felch school and full brand accoming the Total in the second property of the second property

10 11	STATE OF MARYLAND	
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3	1516
	REG. NO. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
e oth	William G. Cook DEC 12	2. 1979 7:00 AM
po 4 moy	Male A RACE White S DATE OF BIRTH MONTH 10, 1910 6. AGE (IN YEARS LAST BIRTHDAY) May 10, 1910 69 YES	FUNDER LYEAR FUNDER 24 HRS
funeral thin 72 days.	BIRTHPLACE STATE OF FOREIGN COUNTRY) Maryland 75 CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Prince George (
by the tu	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laurel Greater Laurel Beltsyille Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE printer	176 KIND OF BUSINESS OR
filled in sould be f	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STAND 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 127. Laurel 137. Laurel 138. STREET ADDRESS 148. NO 159. STREET ADDRESS 169. STREET ADDRESS 170. Laurel 170. L	venue Apt 1
pletely nd 2 sh	FATHER'S NAME FIRST Franklim'DCook LAST 15 MOTHER'S MAIDEN NAME FIRST Grace MIDOLE Hiett	LAST
Poges I or	was deceased ever in u.s. armed forces? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 10 7428 Gladys Cook same as above	
organed by the attending physici han please remove corbonpopeis to burial, cremation, or removol. injury, or other troumatic event, th	18 CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNeumonia, left lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low re- icion. It hos been asit permit. Green prior shows ony if	₽ IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
physical physical ol-trons of the physical ol-trons of the physical physica	OR CONTRIBUTION CONTRIBUTION OF DEATH. HOUR A.M. MONTH DAY YEAR	ART) OR PART 2)
2 2 Z	TO CONTINUE CASE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CITY OR TOWN	COUNTY STATE
pital or attend IOR: After this for use as the b of Health and / 21 is marked a	22a.1 certify that (1) (No largest attended the deceased from 19 9, to 200, saw the deceased alive an 19 7, and that in (my) (exception death occurred on the date and hour above, (1) (except (did) (and not) view the body after death.	19 9, that (I) (with last r and from the couses stated
AL OR ATTEN y the hospitol AL DIRECTOR. detoched for up ore Dept. of He It if Hem 21 is	27b. SIGNIFURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	276 Dec. 12,1979
HOSPII bined by FUNE buld be th the St	72d. PHYSICIAN S NAME IN E SPRINT McCeney, MD 72e. ADDRESS 402 Main St. Laurel, Md	
2	36 BURIAL, CREMATION, REMOVAL 23b. DATE Pec.14,1979 Union Cemetery OR CREMATORY BUTTON	COUNTY STATE Maryland
DHMH - 16 60M 1/75 (VR A 15 (4))	4 FUNERAL DIRECTOR BY REGISTRAR IS PROPERTY OF THE PROPERTY OF	1053 Deall Sus My

nerland X

mrinter US out

cout

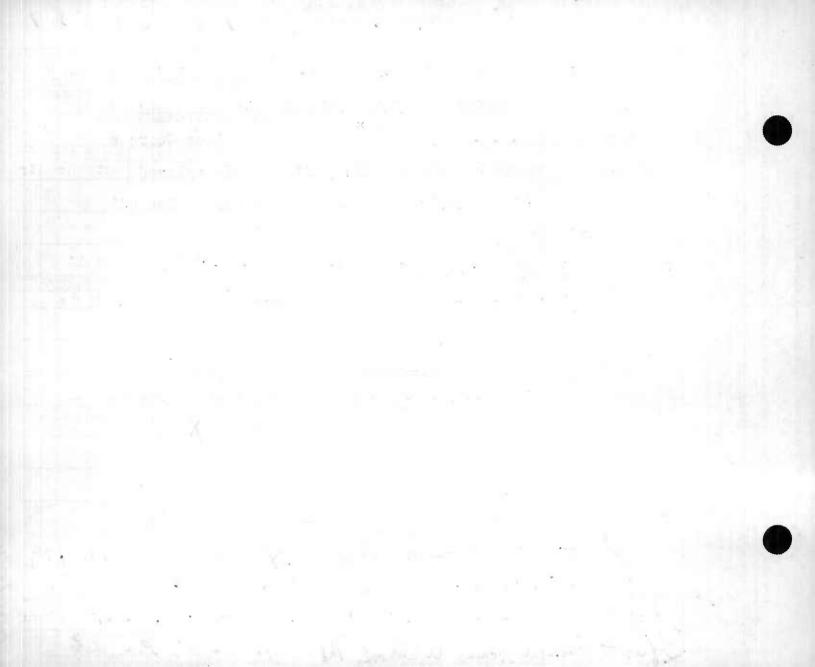
cou

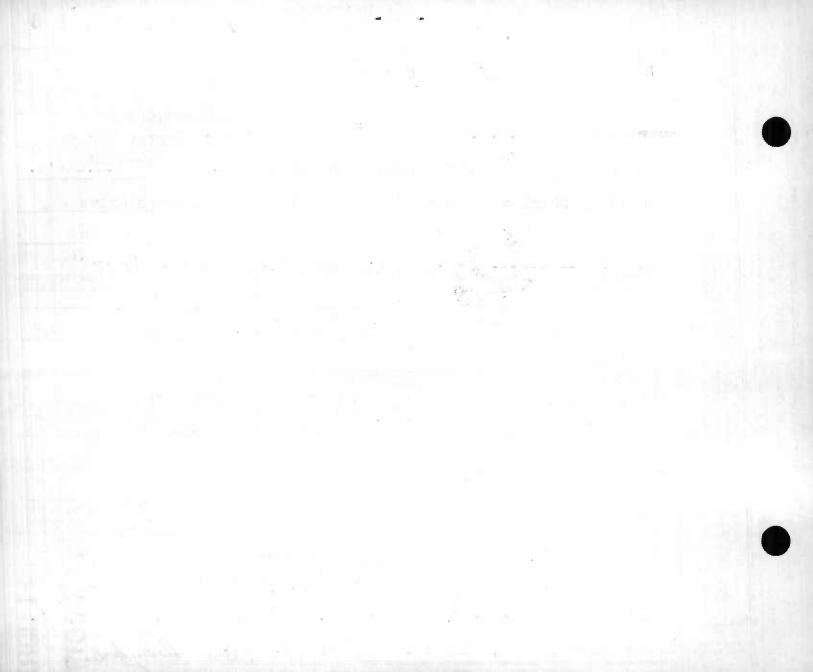
17,197

ong Main St. Laurel, Mi

ourial dec.16,7079 Union Laurery

untonsville, becline



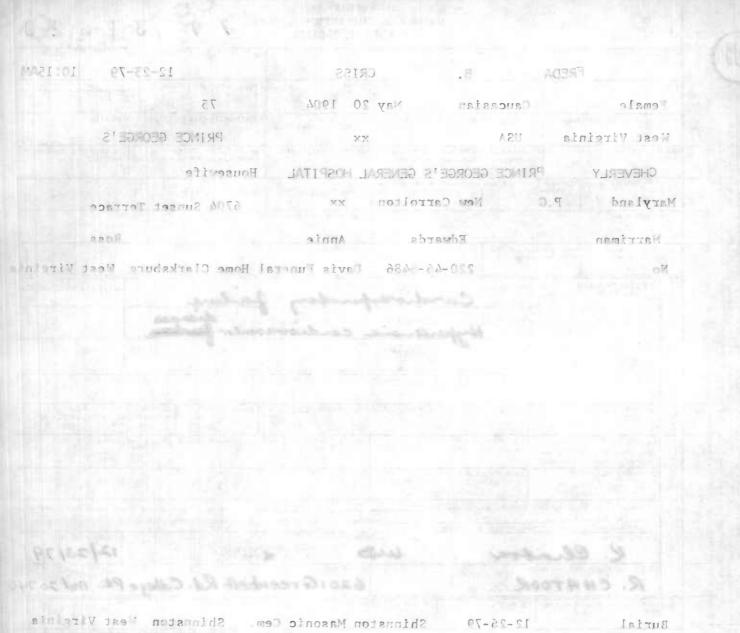


for 12.7073 | foreigned right him To the state of th By Botter

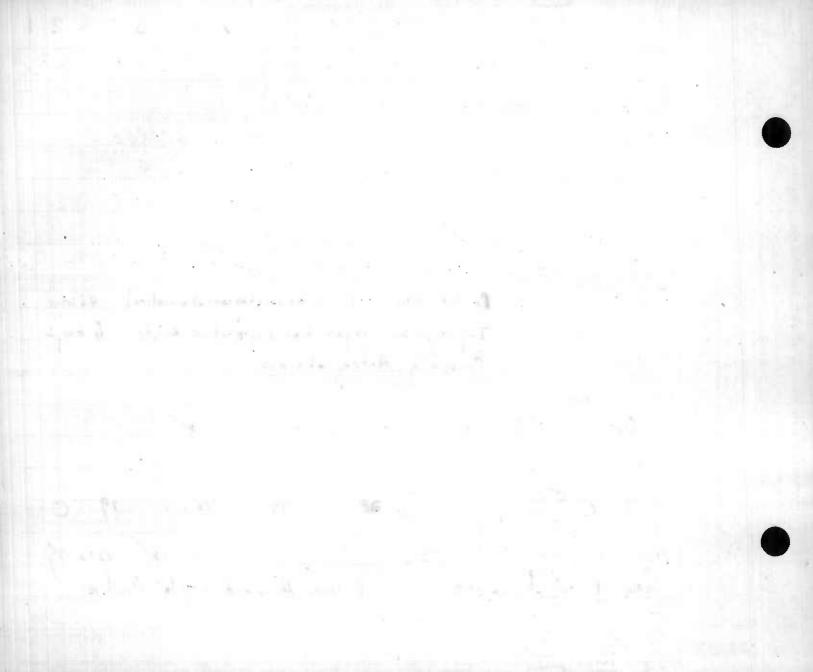
West Virginia

Clarksburg

(VRA 15, 4) 1/79



Tavis Funcral Home Clarksburg Test Virginia

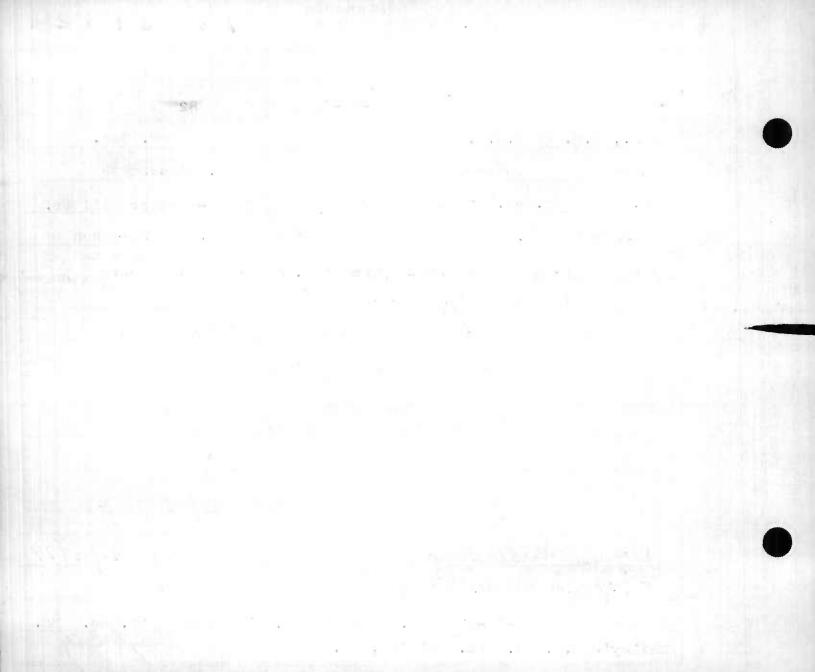


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE PRONOUNCED Washington, D.C. USA OR TOWN OF DEATH AME OF HOSPIFAL NURSING HOME OR OTHER INSTITUTION Student 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George Hyattsville Md. 6506 8th Place NO 🗆 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST A. Dastoli Barbara Maiolo 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 6506 8th Place No Pietro A. Dastoli Hyattsville, Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO [210. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinion TITLE (SPECIFY) MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. Rodriguez, M. D. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Dec. 22,79 Gate of Heaven Cemetery Silver Spring Monte des/Rinaldi Funeral Home 24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home DHMH - 17 (VR AT5 ME (5)) 11800 New Hampshire Ave. Silver Spring, Md. 15M 7/76

and the state of t Bucker water glets have STOREST THE RELEASE OF THE PROPERTY OF THE PRO Tangle of Konsteples, s. S. S. Sandrah 2002 Hardelen Ct., Carp Hartman, St. 200 H

	1.	FOR		DEPART		OF MARYLAND EALTH AND MENTAL HYG	IENE 7 O	2 1	. O W
			M. Daven		CERTIF	CATE OF DEATH	REG. NO		3 2 3
(M)		CEASED NAME FIRS	M	MIDDLE	7.	er host	ta brille or berini	2 9	19 26 HOUR 3
	3. SE	Female	4 RACWhi	te	S DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
10 men 1 men	7a B	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	Prince Ge	_	ATH
1 90		rattsville	(IF NOT IN SU	HOSPITAL, NURSING CAFECTURY, GIVE STREET	ADDRESS)	r other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Social Se	on 12b morking life Dervices D	KIND OF BUSINESS OF PUSITRY PUPONT
14/	13a	AL RESIDENCE (IF NURSING HO STATE 13b. C	ME OR OTHER INSTITUTION NONE	13c. CITY OR TOW Washing	N I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5410 Conr	. Ave. N	.W.
401	14. F.	ATHER'S NAME FIRST Henry	MIDDLE E.	Shafe	r	15 MOTHER'S MAIDEN NAME FIRST Amilia	WIDDIE		sworth
13	160	WAS DECEASED EVER IN U.	S. ARMED FORCES? S, GIVE WAR OR DATES)	577-03-5		DorothyDeder	ADDRE		Md. iyattsville
ony injury, ar other	CERTIFICATION	PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION	ANT CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, WERE	PART 1(0) E FINDINGS USED CAUSES OF DEATH?
ltem 18 shaws		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	DF INJURY m. MONTH D	AY YEAR	21c HOW INJURY OCCUR!	YES NO	YES 🗌	NO 🗍
ofth and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TOW	n cou	UNTY STATE
T H		22a I certify that (I) (this sow the deceased alm above, (I) (we) (did) (d	ve on 12/7	.19	7.0	d that in (my) (our) apinion	, to Accurred on the do	7 19 7	, that (I) (we) los rom the causes stated
tat DIRECT detoched for ote Dept. or VT: If hem 2		27b. SIGNATURE	1 Bein	is ha	R	DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	F	2-9-79
TO FUNERAL DIR should be detoch with the Stote De IMPORTANT: If Ih		61019	1 7	sivis		3410 Conn	ectiont	Ave R	1001) J.C
s 5 ≤		BURIAL, CREMATION, REMO SPECIF Burial	12/12/	79 Ed	ge Hil	EMETERY OR CREMATORY		town, W.	7
OM 1/76 (4))	24 F	uneral director jose	ph Gawler Ave. N.W	s Sons,	Inc. D.C. 2	20016	FC1 4 1979	25b. REGISTRAR'S	SIGNATURE

the pevent of pio All the contract of the contra Silve to the consequence of the control of the cont

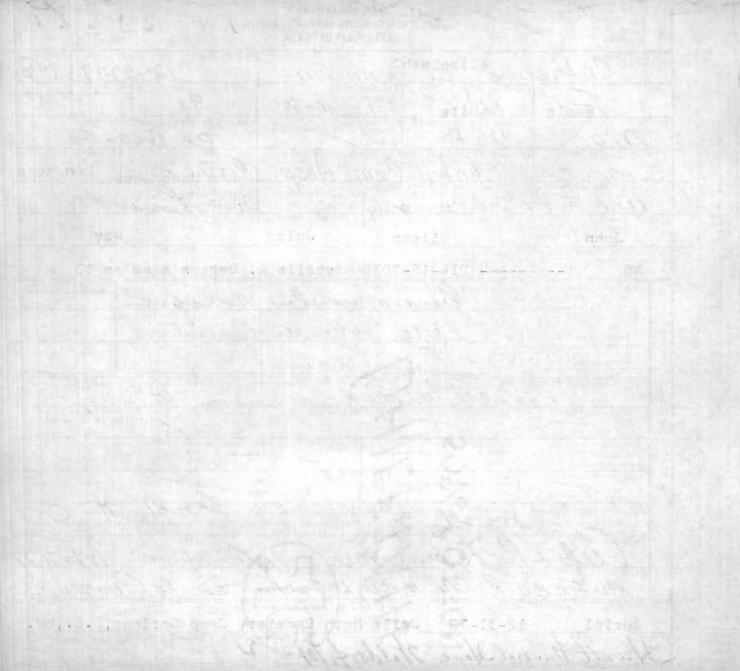


				STATEO	F MARYLAND			
	3	,	FOR	DEPARTMENT OF HEA	LTH AND MENTAL HYGIEN	9 0 3	1525	5
7		1-	STATE REGISTRAR	MEDICAL EXAMINER	S CERTIFICATE OF DEA	TH REG. NO.	118 650	
		T DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN	ONTH DAY YEAR 176.	HOUR
			OR PRINT)	DAILIS TO		OF ESTI-	2021	HOOK
	ES. SE		Coy W.	WALL OK	4	DEATH MATED	2771919	M
	HO HO H	3 SE)	4 RAG S DA			2c. DATE	ONTH DAY YEAR 26	HOUR
	ON S	1/2	lale Black 3	2-11-47 32 YRS.	ONTHS DAYS HOURS MIN	PRONOUNCED 12	29 1079 Y	AM
	RAL L	70 B	RIMPLACE (STATE OR 76. CT	TIZEN OF WHAT COUNTRY?	- 1	9. BANTIMORE CITY OF C	OUNTY OF DEATH	
	HHOF & //	1	FIGN COLLERY (A A) LA A	// \ //	ARRIED NEVER MARRIED	Harry F.		
	S S S S S S S S S S S S S S S S S S S	//	UKIN CHRUINA		DOWED LI DIVORCED LI	pomer (pl	ngen	MD.
	5849	10/7	TY OR TOWN OF DEATH	ME OF HOSPITAL, NURSING HOME, OR	OTHER INSTITUTION 120 USU	AL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSIN	ESS
	3 4	00	clearly MM	ule Gengos (reneral	Howald (DOX)C	USTOCIAL	· School Det	ALD
	# 1 SO +	USU	L RESIDENCE THE PROPERTY OF OTHER	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			1 0 1	
5	ANY DANY DANY DANY DANY DANY DANY DANY D	1344	TE	13c CHY OR TOWN	13d. INSIDE CITY CIMITS? 130 STRE	ADDRESS BON	Wine Ril	SFE.
21201	A A B D B A	-40	OUSHING NON	DC.	YES NO LI 40	24 /	VING PU	6-
MD.	+ 2 2 A	14. F/	THER'S NAME	E LASTO	15. MOTHER'S MAIDEN NAME	MIDDLE	/ LAST 3	
	A S a Z Z		Denis	DAVIS	6///10	MAE	Lewis	
OR	PAGE FORM S 1 A	16a. \	AS DECEASED EVER IN U.S. ARMED FO		. 17. INFORMANT	ADDRESS	1 Hipthen He	wit
×	S S S S S S S S S S S S S S S S S S S	(1	ES, NO, OR UNKNOWN) (1F YES, GIVE WAR OR	219-48-48	30 / Illie Day	15 4800 Dec	plin St	17 -1
BALTIMORE,	URS AFTER		70		-4 Fills Alle	7 1000 102	77070 37	-
	0		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	1 / .		BETWEEN ONSET AND	D DEATH
1 ST	124 HO ITEM ILONG PERM GIENE		IMMEDIATE CAU	ISE (a) Carolle fullis	nay facture			
Ó			2780 (DUE TO, OR AS A CONSEQUENCE OF	10/- 1	1		
W. PRESTON ST.,	D WITHIN ENCIL IN AMINER TRANSITE ENTAL HY		Conditions, if any, which	Frhling 6	Desely (6	00-163)	C. S. ST. DOOR ST.	
4	DTED WITH N PENCIL II EXAMINER HAL-TRANS MENTAL II OR REMOV		gave rise to immediate cause (a) stating the under-	(b) 2		, , ,		
	TED WALTED WALTE		lying cause last.	inet /	61. 500			
DIVISION OF VITAL RECORDS, 301				terpuctory,	xujecno			
DS,	200		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PART 1 to .			
O.	MEDING MEDING MEDIC AS A ALTH A	Z						
EC	78.048	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?	
¥		5					VEC D	
		E	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY 21	16. HOW INJURY OCCURRED (ENTER N	LATINGS OF BUILDING OF BUILDING		10 🗆
0	THE WORLD BURNEN	Ü	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	E. HOW INJURY OCCURRED (ENTER A	TATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)	
Z	RTIFICATI	18	CONTRIBUTING CAUSE OF DEATH	P.M. 19				
ISI	S CERTIFICATE SI RITING THE WOS PDED TO THE GE 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA	MEDICAL	21d. INJURY OCCURRED		f. LOCATION		-fide and -	STATE
20	ARDED ARDED (GE 3 STEEDER	2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	F-3450		AT WORK AT WORK					
	SEC SEC		22s. I certify that I taak charge of th	e remains described abave, held an A	utapsy , Inspection ,	Inquiry , and in	my apinian	7
			death resulted fram: Natural cau	ses , Accident , Suicide	Hamicide Undete	ermined manner,		
	EXAM CERTIF UID BI DIREC WITH			$n \cap n$	TITLE (SPECIFY)			
	WAY VAN		ACTUAL / HIGUST	4 Lodreage /	Donuter	1C 4 1 CV 4 4 11 1CO	DATE 2-39-	79
	CAL EXA SHOULD RAL DIR ATH, WI RE, MARY		SIGNATURE	// // X	M.DMED	ICAŁ EXAMINER	SIGNED	-
	MEDICUTE CUTE SE 4 FUNE FR DE	100	EXAMINER'S NAME AUGUSTO	P. Rodriguez, M.D.	5009 Raybu	rn Ct. Camp	Springs, Md. 20	0031
	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA		(TYPE OF PRINT)		ADDRESS			
	PA TO A PA	23a. B	URTAL, CREMATION, REMOVAL 236. DA	TE. 23c. NAME OF CEMETER	CITY	CATION	COUNTY STATE	
	BP	17	WRIAL 1-	5 OU HAR MON	y Comatery	-ANDOVER	11101	
	DHMH - 17	24. F	UNERAL DIRECTOR		250. DAJE REC'D. BY	REGISTRAR 256. REGISTE	AR'S SIGNATURE	
	(VR A15 ME (5))	11	malal & Williams	USDU GA, ALI	VIAL JAN	1980	My 1900 Creek	
	15M7/76	1/1	7/1/1 - 1-1/1/11/11	100/ /1/01				

Control of the contro

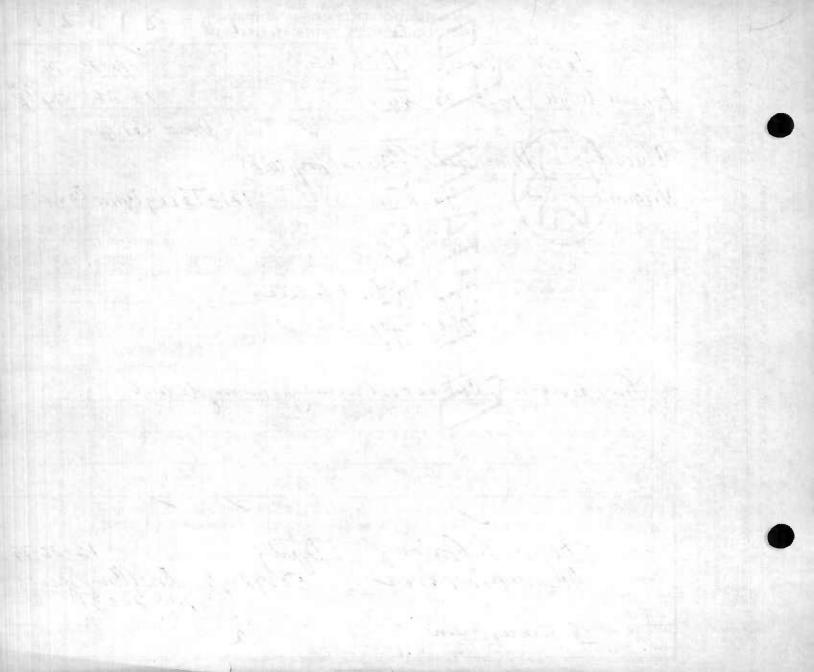
c s To be seen to the seen of the prints and the tes

	1		STATE OF MARYLAND	" (3 7
K	- 1	1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 5	261
3	-1	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
	ī	DECEASED NAME	RST MIDDLE LAST TO DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1 0 g		(TYPE OR PRINT)	revine Elizatieth Dennison 12-2:	779 840
(IAI) ga		3 SEX		INDER 1 YEAR IF UNDER 24 HRS
ge 4		5_	MONTH DAY, YEAR Q, MON	THS DAYS HOURS MIN
Poge direct	-	emal	11/3	054711
once.	1	OUNTRY (STATE OR FOREIG	MARRIED NEVER MARRIED	
0 25 -	5	/1D.	USA WIDOWED DIVORCED PR. GSO	
0 0 5 0		O CITY OR TOWN OF DEATH		126 KIND OF BUSINESS OR INDUSTRY
by the	B	CLINTON, M	ex Clinton Com. Hosp. Returnamake	Own Home
in in be		USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 130. CITY OR TOWN 13d INSIDE CITY LIMITS? 130. STREET ADDRESS	0
AND 24 h	6	ma	YES IN NO D 28 OV Luman	Mr.
YLA ithin tely for 2 sho		4 FATHER'S NAME	15 MOTHER'S MAIDEN NAME	
AR 3 eld	1	John	Middle Wilson Julia Middle C	av LAST
	2 1	60 WAS DECEASED EVER IN U		ч
BALTIMORE, cate be executed by skiction and or opers. Pages 1, vol.	1	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	
		NO -	214-16-7036 Maybelle E. Deason same a	
T., BALTIII rificate be physician npapers. F		18 CAUSE OF DEATH (E PART I, DEATH WAS	nter only ane couse per line to (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 4 6 4 6			MEDIATE CAUSE (a) Cardiovascular Collabore	
ON SI th cert nding corbol or re-		4410	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON SI		Conditions, if any, wh	1112	
PREST he dear he otte emove motion ir fraum		gave rise to immedicause (a), stating	ate	
s that the ed by the eleose real creek.		underlying couse I		
		PART 2 OTHER SIGNIFIC	CANILCONDITIONS CONTRIBUTING TO DEATH BUT WOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
			U - 20 monto do Cara. Ital.	
been mit. I prior i	-	4 190 DATE OF OPERATION	N 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, W	PERE FINDINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. After this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows only injury	9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	JAPCERTIFYIN	G CAUSES OF DEATH?
VITAL RE IN The In hysician. It is a house I Hyguene I Hyguene I B shows.	5	210. ACCIDENT WAS UNDERLY	YES NO YES YES 19 YES 1	NO NO
SICIAN: Top physicial certificate entol-transitiem 18 shifter 18 s	1	OR CONTRIBUTING CAUS		I OR PART 2)
ON OF VITE IN THE PROPERTY OF	-	(IF EITHER, NOTIFY MEDICAL EX		
PHYSI ending this can be burned Men		(IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OF TOWN	COUNTY STATE
DIVISI DING P or otter After tl e os the polth one	- 1	WHILE AT WORK AT WORK		
O O E			s hospital) attended the deceased from use 1904, to the 2, 19	, that (I) (we) last
OR ATTENIO e hospital DIRECTOR: ached for us Dept. af Hem		saw the deceased a	live an Alle 2 19 79 , and ha (in my) (our) opinion death accurred on the date and haur at (did not) view the body after death)	from the causes stated
OR A DIREC DOREC Dept.		22h. SIGNATURE	DEGREE	22c. DATE SIGNED
		1040	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/27/20
PIT PIT P		224 PHYSICIAN'S NAME		
O HOSPITAI O HOSPITAI TO FUNERAI Should be de	11	AL-CO	ED R. LAPIN, MD 6805 OLD ACEXTERRESO (V	internal his
TO HOSPITAL Cretoined by the TO FUNERAL B should be deton with the Stote E IMPORTANT: If	-	12- BUDIAL COST		110/010/-
1204		230. BURIAL, CREMATION, REA	CITY OR TOWN CO	UNTY STATE
BP	-	Burial Puneral DIRECTOR	12-31-79 Belle Meth Cemetery Camp Springs	
DHMH - 16 50M 7/77 (VR A 15 (4))		NAME	ADDRESS AND A SOLUTION AND ADDRESS AND ADD	24 DENIONE
(4K W 13 (4))	1	Huntt T	uneral Home // aller +, My	



Particular of the second of th Allement to a least the second as per series.

40		, STATE OF MARYLAND	
14	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	5 2 9
RRS ET,	1. DE	DECEASED NAME FIRST DIXIE DOWNEY OF ESTI- DEATH MATED 120. DATE KNOWN WONTH OF ESTI- DEATH MATED 120. DECEASED NAME 120. DECEA	DAY YEAR 26 HOUR - 76 19 79 M
NECESSARY, PELA FUNERAL DIRECTOR S FOR YOUR FILE WITHIN 72 HOURS V. PRESTON STREET,	3. SE.	male White 10-20-30 49 yrs. MONTHS DAYS HOURS MIN PRONOUNCED 12-3	1079 AM
NECESSAR FUNERAL 5. FOR YOU W. PRESTO	N N	NEW YORK USA WIDOWED DIVORCED D	MD MD
\$ \$ E 874	0	Thame of Hospital, Nursing Home, or other Institution 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
21201 IF ANY DELA 3. RETAIN P. SHOULD BE I. RECORDS.	1	UAL RESIDENCE IN IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BERGRE ADMISSION) STATE 13h, COUNTY 13g STY OR TOWN 13d INSIDE (ITY LIMITS? 13d STREET ADDRESS YES XX NO /2/2/orry/yn	n Court
PRE, MD. 2 R DEATH. III AGES 1, 2. R M PA 2, 3. O MUTAL	J	FATHER'S NAME JOSEPH H. HORAN IS. MOTHER'S MAIDEN NAME MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE	PURCELL
, BALTIMORE, MD. URS AFTER DEATH 8. GIVE PAGES 1. WITH FORM PM. 7. PAGES 1 AND/2 DIVISION OF ULB	()	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	OO KILLIAN LA IE, MARYLAND
01 W. PRESTON ST., JJED WITHIN 24 HOL N PENCIL IN ITEM 18 REAMINER ALONG VIELTRANIST PERMIT RELTRANIST PERMIT OR REMOVAL.		18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (is to immediate couse (a) storing the under-lying couse lost. (c)	APPROXIMATE RETERNAL BETWEEN CHIEF AND DRATH
ral records, 3 HOULD BE EXECT RD "PENDING" 1 HIFF MEDICAL USED AS A BUR OF HEATH AND LL, CREMATION,	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Filed cerrhors, Cheronic obstructory descent	
F VITAL RE TE SHOULD WORD "PE HE CHIEF O BE USED ENT OF HE URIAL, CRE	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITA BY THIS CERTIFICATE SHC FE, WRITING THE WORD RWARDED TO THE CH RWARDED TO THE CH STATE DEPARTMENT OI STATE DEPAR	MEDICAL CER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	ART 2)
DIVISIC THIS CERTING WARDED IN AGE 3 SH TATE DEPA	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN CO	DUNTY STATE
ICAL EXAMINES E THE CERTIFICAL SHOULD BE FORTH JHE FORTH, WITH THE ORE, MARYLAND,		226. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my of death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner , TITPS (SPECIFY). MEDICAL EXAMINER SIGN EXAMINER'S NAME EXAMINER'S NAME PART OF THE PROPERTY OF THE PRO	
TO MED EXECUT PAGE 4 TO FUN AFTER D BALTIMO		EXAMINER'S NAM ADDRESS 0 to 9 Lay humbrun, Co. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION / 1/2 YOUR CHY OF CHIEF OF CHIE	WALL STATE OF THE
DHMH-17 20M 1/73 (VR A15 ME (5))		BURTAL 12/28/79 ARL. NATIONAL CEMETERY ARLINGTON, VIRGINAL FUNERAL DIRECTOR J. Berkley Spicen 250. DAJERICA BY RETURN 250. REGISTRAR'S J. BERKLEY GREEN, 721 ELDEN ST., HERNDON, VA	NIA SIGNATURE



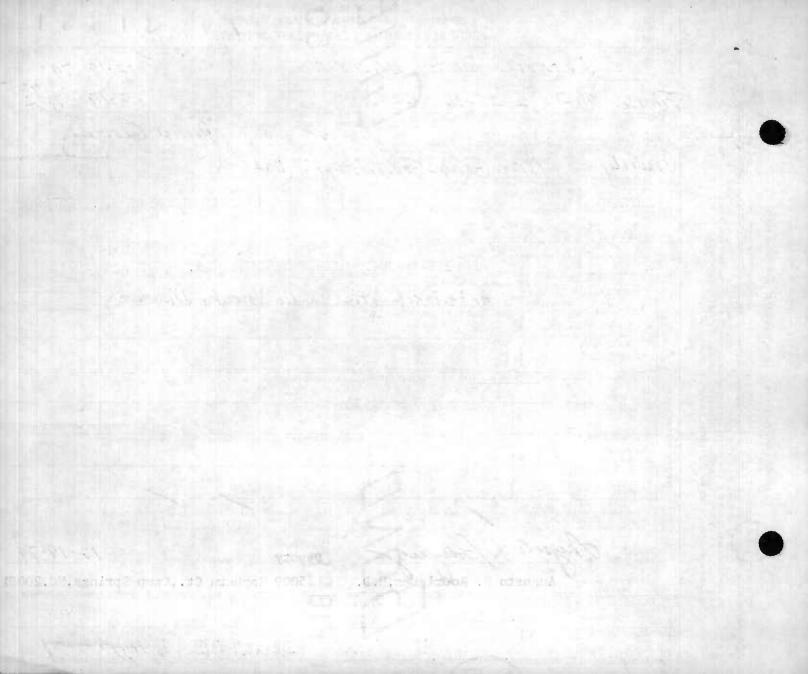
101					STAT	E OF MARYLAND				
2001	1.	FOR - STATE		DEP		EALTH AND MENT		ENEY 9	3 1	3 3 0
1362		REGISTRAR			CERTIF	ICATE OF DEAT	H		REG. NO.	
120		CEASED NAME FIRST	.1 7	MIDDLE	1	AST		20. DATE OF DE		1030
3 7 5 70		CATHARI	NE	2,	100	KET			15 8	79 450pm
4 = 4 = 4 M	3. SE	X	4 RACE		5. DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
2 2 5]	Female	Whit	te	8-	16-1893	, can		86 YRS.	ONTITS DATS THOUSE MIN.
B 1 5	7a B	IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUN	TRY? 8	D NEVER MARR	IED 🗆	9 BALTIMORE	CITY OR COUNTY	OF DEATH
de at		Md.	U.S.A		WIDOWE	DIVORC	ED 🗌		Pr. G	
الله الله الله الله الله الله الله الله	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUT		120 USUAL OCI	CUPATION R MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
50 20 10	-	vattsville	Mand	or Car	e Nurs	ing Home		Ret.	Clerk	Gov't.
12 \ 1 \ 231	USU 130	AL RESIDENCE (IF NURSING HOME OF	NTY	130 CITY OR		134 INSIDE CITY LI	IMITS?	13e STREET ADI	DRESS	
MARYLAND 2120 ed within 24,500 implerely (filed in by and 2 shound be fire			Geo.	Hyat	tsvill	YES X NO		3611	- 65th	Avenue
RYL.	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAM		HDDLE	LAST
		Joseph	H.	You		Mar	У	I	₹.	Adams
ORE,	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES?		SECURITY NO.	17 INFORMANT			ADDRESS	Same as
BALTIMORE, cate be execution and compers. Pages 1 vol.		No	-	217-5	2-5390	Francis	D.	Baden	(Nephew	
BALI orte		18 CAUSE OF DEATH (Enter o	nly one couse pe	er line for (a), (b					7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., land go phy compound is even	18	PART I. DEATH WAS CAUS	TE CAUSE (0)	Cardi	mark	stratos	M	an	sot	
or re		4029	DUE TO, C	OR AS A CONS	EQUENCE OF		9			
PRESTON he death co		Conditions, if ony, which	(b)_							
. + + 0 0		gove rise to immediate couse (a), stating the	DUE TO, C	R) AS A CONS	EOUENCE OF		, 0			
thot thot d by the cose of, creather of the costs of the		underlying couse lost.	((c)	engles	nene	wecl) a	Lola	ما	
gned the puriod, or or	-	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE O	P GONDITION GIVE	NIN PART-1101
RECORDS,	10	fraction	rear	Wal-	1 200	inf see	gen	2 Rec	rowers	bounder
S bee	ICA	190. DATE OF OPERATION	9 196 CONE	DITION FOR W	HICH OPERATIO	M.WAS PERFORMED	D	200 AUTOPS		WERE FINDINGS USED ING CAUSES OF DEATH?
Al The House house house house he had a house ho	CERTIFICATION	10-2	1 ,0	- me	Called	-Eccor			○ YES	
NOF VITA NOF VITA SICIAN: T ng physics rial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM 18, PA	RT I OR PART 2)
N OF SICIA ng pl certif certif tental	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	r) F	P.M.	19					
DIVISION OF VIT NG PHYSICIAN: oftending physic fiter this certificat as the burial-trans th and Mental Hyg anked or them 18 si	MEDI	21d INJURY OCCURRED		OF INJURY TREET, FACTORY, OF	FFICE, FARM, ETC.]	211 LOCATION STREET		CII	Y OR TOWN	COUNTY STATE
NG NG After of the orke		AT WORK — AT WORK —						A /		
END of	34	220.1 certify that (I) (this hasp			707		78	, to	8 , 1	9 , that (I) (we) last and from the causes stated
Spiral Sp		sow the deceased alive a above, (1) (we) (did) (did n	ot) view the bod	y ofter death.	and the base of		оринон о	eom occurred o	n the dote and hour	
OR A DUREC oched Dept		22b. SIGNATURE	10		_	DEGREE	IDING	MEDICAL _	STAFF	221. DATE SIGNED
		70 70 20	0	u v	~	PHYS	ICIAN X	DIRECTOR [PHYSICIAN []	
HOSPITAL ned by 11 FUNERAL I the State ORTANT:		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	MA	RAN	22e ADDRESS 4	6 40	LAN	Jouen	ROJET
O HOSPITAL Fedured by 1 TO FUNERAl should be de with the Stat		100 N /-		7716	70070		- 146	SUCH	4,140	50/82
4102		BURIAL, CREMATION, REMOVA (SPECIFY)	100			EMETERY OR CREM		23d. LOCATIO	WN	COUNTY STATE
BP		Burial	12-12	2-79	Ft. L	incoln C	em.	Brei	1twood	Pr. Geg. Md
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	Tens	ADDRES	ainier	Ma		1 191	STRAR 256. PEST	MATURE
(444 12 (2))	1	Valley's F.H.	Inc.	Mt. R	armrer	, Ma.	ULL			

TOTAL CARROL CAR CAR CARROL NO. C		
Femily Visit (A-1)-401 (A-1)-402 (A-1)-403 (A-	21682	
Type Canter State		CONT-01-A 87 207 - 12m 89
TANK NAME OF THE PROPERTY OF T	.pobiles	
each part and a long a	Type Court Gov's	Processing I Manage Gorg Nameling Newston
	outey/ Hage - 11ht	The section of the se
		grad turor H longer.
mid. The book might be also also also be a constant of the bear and a second of the bear and a second of the bear as a second		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OF PRINTS OF ESTI-DEATH MATED DATE PRONOUNCED DEAD Ta BIRTHPLACE MINTE OR 76. CITIZEN OF WHAT COUNTRY? 9. BAHIJMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED FOREIGN COUNTRYL NEW YORK USA SITY OR TOWN OF DEATH OR INDUSTRY HOUSEWIFE AT HOME ISLIAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY TIMITS? 13e STREET ADDRESS 12810 BEECHTREE LA. #20715 MARYLAND BOWIE NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE HARRY **BERTHA** DORN RUSKIN 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7. INFORMANT MRS. SHERRY BLOCK 213-48-3047 12810 BEECHTREE LA., BOWIE, MD 20715 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY terioselerotie Cardio Vascular Diseuse IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Canditians, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 1 Deputy SIGNATURE Augusto P. Rodriguez.M.D. EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. 20031 TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY MARYLAND BURIAL DEC.20,1979 CHIZUK AMUNO BALTIMORE

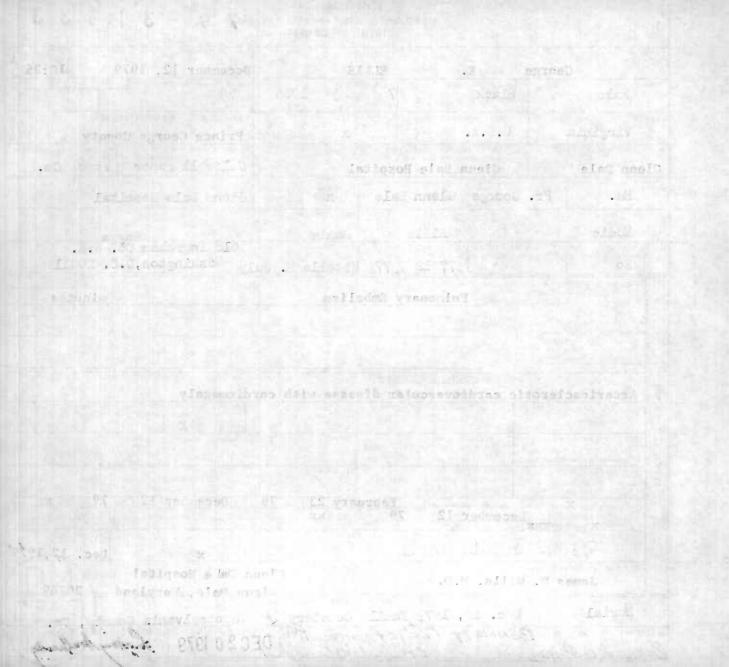
1256. REGISTRAR'S SIGNATURE

MOLE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTR **DHMH-17** VR A15 ME (5) 6010 REISTERSTOWN RD. BALTO, MD 15M 7/76

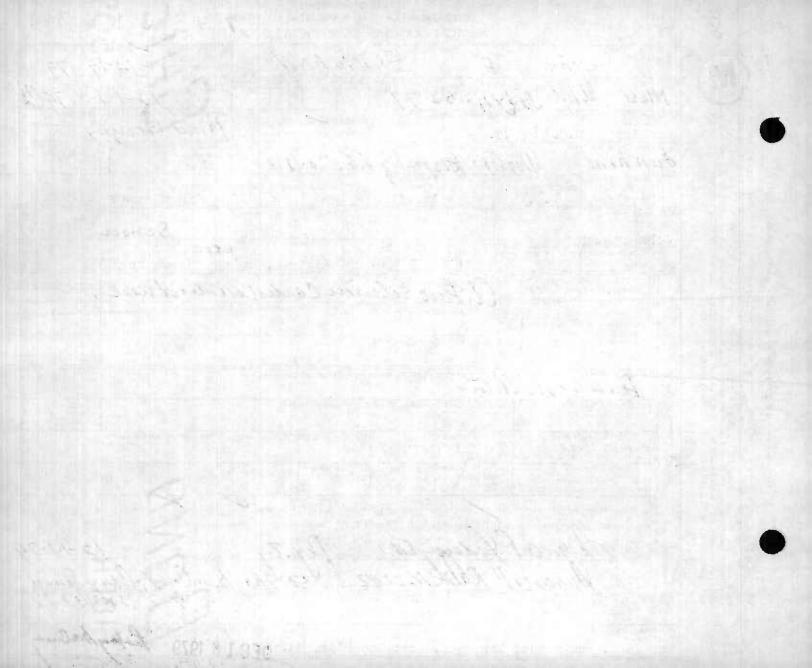


MA	m	1-	FOR STATE REGISTRAR					STAT MENT OF I EXAMIN	HEALTH		ENTAL	HYGIEN	E 9	REG.	3 NO.	1 :	5 3	2
1	S. S. S. T.		CEASED NAME E OR PRINT)		roy		WIDDLE		Edwa	rds			OF DEATH	ESTI- MATED	_		15 ₁₉ 79	2b. HOUR
	CESSARY, PLEASE NERAL DIRECTOR, FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET	3. SEX	le	black	5. DATE O	F BIRTH DAY	YEAR	6 AGE (IN YEAR LAST BIRTHDA	MONT	HS DAYS	IF UNDER		PRONOUN DEAD	ICED	12	15	19 YEAR	1:15 A:15
•		7a 81	RTHPLACE (STA	ATE OR		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY							County	7 MD.				
	THE AGE FILED	III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laurel - Beltsville Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)										ORK 12b.	OR INDUST	JSINESS RY				
21201	IF ANY DELAY IS. 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILET L RECORDS, 301	13a S		IF IN NURSING HOME 13b. COUN		TUTION, GIVI	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE C	-	13e. STRE	ET ADDRES	ss 68	309 I	Laur	el Str	eet, N
MD	AGES 1, 2, ORM PM 3.	14, F/	James	W. Edwar	MIDDLE			LAST		F	er's maid first dessa		MI	DDIE	F	ons	LAST	
BALTIMORE	URS AFTER DEATH. III. 8 GIVE PAGES 1, 2, WITH FORM PM 3. WITH FORM PM 3. PAGES 1 AND 2. DIVISION OF VITAL	16a, V (Y	YAS DECEASED S, NO. OR UNKNOW Yes	EVER IN U.S. AR	MED FORCE WAR OR DATES : nam	S?)		-66-17		17. INFOR	MANT	. Edw	ards.	ADDRE	SS	ura1	L_St	N W_
RDS, 301 W. PRESTON ST.	EXECUTED WITHIN 24 HOUNG". IN PENCIL IN ITEM 18. 10.1. EXAMINER ALONG V. A BURIAL 'RANSIT PERMIT. I AND MENTAL HYGENE, D. IION, OR REMOVAL.	7	Canditian gave ris cause (a) lying caus	s, if any, which to immediate stating the <u>under</u>	TE CAUSE (« DUE (I) DUE	TO, OR A	AS A CON	ole inf	OF OF		IN GIVEN IN P.	ART 1 (a).					BETWEFN ONGE	TANG STATE
DIVISION OF VITAL RECORDS,	TE SHOULD BE EXECUTION WORD SPENDING." IN HE CHIEF MEDICAL SPENDING." IN THE CHIEF MEDICAL SPENDING NO. OF HEALTH AND VIURIAL, CREMATION, O	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b.	CONDITI	ION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?					21	D AUTOPSY	
ON OF V	THE THE TO THE TO THE TO BE TO	ICAL CERT		OR IG CAUSE OF	DEATH 12	2:1 ₈ %	AM 1	2/15, 79	dı	ow INJURY								
DIVIS	R: THIS CERTING TE, WRITING TO SWARDED TO SWARDED TO SEE 3 SHOTE STATE DEPART 21201 PRIOR	MED	21d. INJURY O WHILE AT WORK				DRY, FARM, E	(AT HOME,		STREET OB1kF	Powder	r Mil	IRd.,	Belt:	svil	le,P	G I	MD STATE
•	TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHERE DEATH, WITH THE STATE DEPABATIMORE, MARYLAND, 21201 PRIORE, MARYLAND, 21201 PRIORE		death resulte ACTUAL SIGNATURE EXAMINER'S 1	NAME HO	Sol couses [ONe ormez I	Q. Gu	Accident	, Sui		, Hami	SPECIFY) Sistan	Undete	Inquiry remined ma	nner], D/ S/	GNED_	12/16	/79
	Bb——BAT		JRIAL, CREMAT PECIFY) BURIAL	ion,removal	736. DATE 12-21-	-79	23c. N L I]	NCOLN 1	AETERY O	RCREMAT	CEMET	ERY	CATION SUITL				AD	TATE
	DHMH - 17 (VR A15 ME (5)) 30M 7/73	24, FI	JNERAL DIRECT	OR HN T. RI 15 12th	HINES	FUNEI	RAL H	IOME,			250. DATE	EC2	4 1979	25b, RE	GISTRAI		NATURE AND CASE	4

0.0 Military and the second of the second The Black and the factor of the last of the black of the the contract of the second Ping the control of t



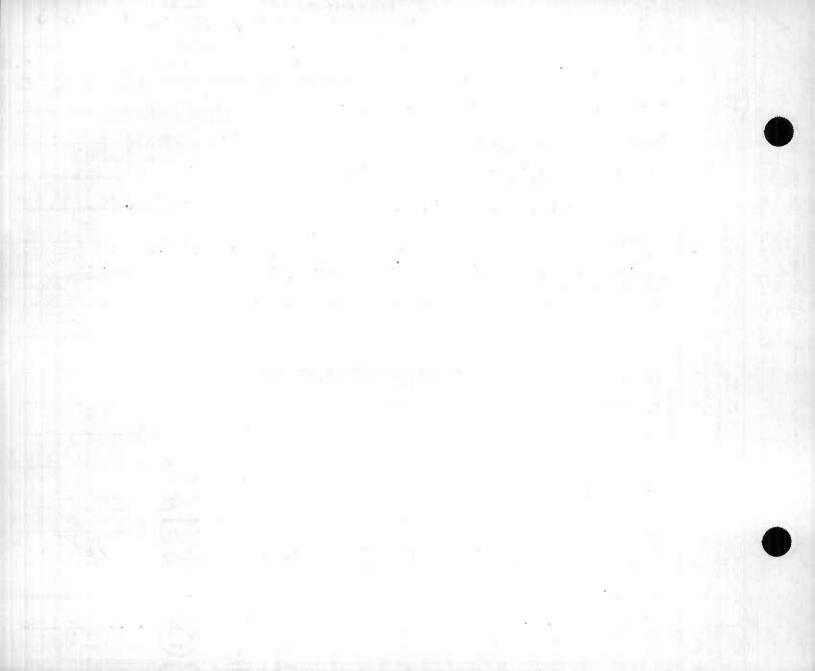
	8	-	FOR STATE REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	3 3 4
	(PA)	(TYP	CEASED NAME FIRST	F.	FRD.	MANN	20 DATE KNOWN MONTH OF ESTI- DEATH MATED []	14 19 79 M
	()	3. SEX	Male White	S DATE OF BIRTH	YEAR LAST BURTHDAY) MON	THS DAYS HOURS	24 HRS. 26. DATE PRONOUNCED DEAD 17-1	4 19 79 AM
	THE PERMIT	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CMZEN OF WI		RIED NEVER MARRI	- 11 MALL 12 A.A.	ITY OF DEATH
	75mg371		shington D.C.	U.S.	PITAL NURSING HOME OF OIL	WED DIVORCE	172 USUAL OCCUPATION (TYPE OF WORK	MD.
	304783	0	EN hem	Doctors	Hospitel 1 P.C.	Collera	Plumber	OR INDUSTRY
21201	R AND SHOULD SHOULD IT RECORD	13a S	Maryland P		Beltsville	YES NO X	13e STREET ADDRESS 4711 Naples Avenue	3
	T. ZAY.	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
BALTIMORE, MD.	PAGES 1 FORM PW SS 1 AND ON ONLIN	160. V	S, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFMIANIE	WIFE ADDRESS	.6
TIM	B. GIVE P. WITH FO WITH FO PAGES DIVISION	(Y	ves WWI		578-05-8569	Elsie M.	Erdmann (same as 1	3)
			18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	only one cause por line	for (a), (b), and (c).)	La Mark	stasculor de scace	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	24 HC ITEM 1 ILONG PERMI GIENE,	100	429 3 IMMED	IATE CAUSE (d	AS A CONSEQUENCE OF	ic Carace	Cas em- in scare	•
REST		1	Conditions, if ony, whi	ch	No A CONSEQUENCE OF			
×	ECUTED WITHIN 57" IN PENCIL IN AL EXAMINER AL EXAMINER AND MENTAL HYAND MENTAL HYAND ON, OR REMOVAL		gove rise to immedia cause (a) stating the <u>under</u> lying cause last.		AS A CONSEQUENCE OF			
301	XECUTE IG" IN P CAL EX. BURIAL AND MI	6		(c)			•	
ORDS	200 40	Z	In while	ns contributions to beath	BUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PAR	RT 1 a ·	
REC	HOULD BE ENDING THE MEDING AS A SOF HEALTH	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
VITA	SHOULD ORD TO HER BE USEI TOF H	FIFE						YES NO NO
202	THIS CERTIFICATE SHOUN WARDED TO THE WORD "YAGE 3 SHOULD BE USE TALE DEPARTMENT OF HISOT PRIOR TO BURNAL, COMMENT OF THE PRIOR THE PRI		210 EXTERNAL CAUSE WAS		M. MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART) OR P	ART 2)
ISIOIS	ERTIF ING T ED TG 3 SHC DEPAR RIOR T	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (ATHOME. 21f. L	OCATION		
Vid	E. THIS CERTING R. WARDED TO THE PAGE 3 SH STATE DEPA	×	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN CO	OUNTY STATE
			220. I certify that I taok cho	orge of the remain de	scribed obove, held an Auto	spsy , Inspection	Inquiry , and in my o	pinion
	AL EXAMINER: THE CERTIFICATE THOULD BE FORE THE WITH THE THE WITH THE THE WARYLAND, 2		death resulted from No	turol causes .	Accident , Suicide	, Hamicide .	Undetermined manner,	
	EXA CER DULD DIR I, WI WARY		ACTUAL THE LIGHT	es Ma	luger (11)	TITLE SPECIFY	DATE	12-14-79
	SHO I SHO I SHO IERAL DEATH ORE, N		SIGNATURE	00	Jhh	10-6	A I A I A	G
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	red .	TYPE OR PRINT	477 P. 10	WKIGHE E	ADDRESS 5009	Cay Dum Court la	uy ffiney
74	02	.23a. B	URIAL, CREMATION, REMOVAL Burial	12-18-79	First Luthe	OR CREMATORY	Bowie Bowie P	G Md
	BP	24. F	UNERAL DIRECTOR	12-10-79	FITSE LACTIE	25a. DATE		SIGNA JIRE
	(VR A15 ME (5)) 15M 7/76	Do	nald V. Borgwa	ardt, Box	34 B, Port Repu	blic, Md. n	EC 1 8 1979	my marriage
					206/6			0



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

7 184 7: 1979 3:209. in the property of the latest areas. Clinton Southers (see a lighter of the control modeline Tarylond av. Oceres Clinton x Clinton system (vertice) Tendorico Horenia in the state of the contract of the december of Charles Colon, . D. 3710 Liviers Ave., 1 rice Beliefilm Greneries 12/24/75 Lee's Grenetory Weshington, O. F. Lee Tuerral bone, of mon, which will help a my a fact of

(VRA 15, 4) 7/78

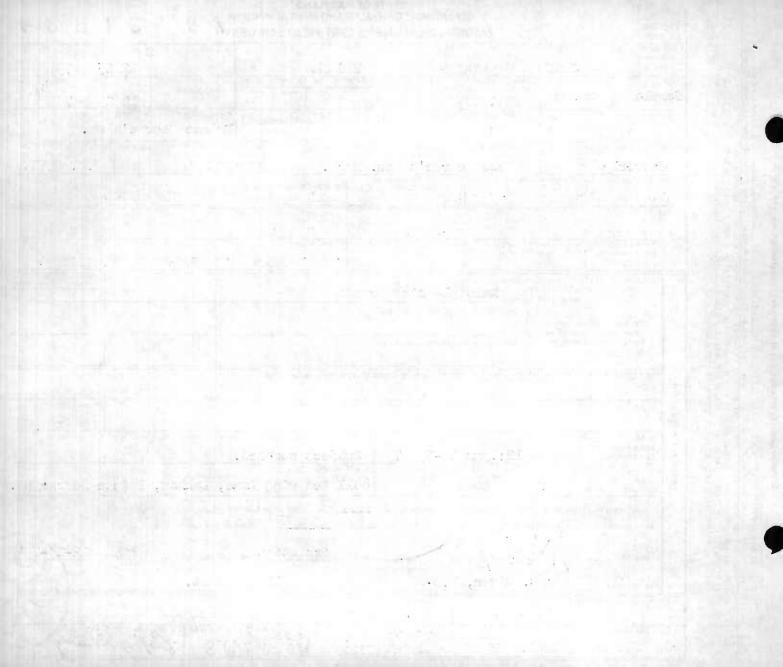


	1					OF MARYLAND		41-50		
1	1.	FOR STATE REGISTRAR		DEPARTN		ALTH AND MENTAL HYG CATE OF DEATH	, ,	3 3. NO.	1 5	3 /
(19)	I. DE	CEASED NAME FIRST		DOLE	LA	ST	20 DATE OF DEAT		DAY YEAR	2h HOUR
may be		MAR		FERE	ENSIC		12 22			12:52A
Ter d	3 SE		4 RACE		5. DATE OF	DAY YEAR	AGE IIN YEARS LAS		FUNDER 1 YEAR	HOURS MIN
urs al		emale	Caucasia		Apr.	26, 1906	73	YRS		
tuneral di iin 72 hou ottfied at		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WI			□ NEVER MARRIED □	PRINCE	GEORG		NTY
orth orth		ennsylvania	U.S.A		WIDOWED	DIVORCED DIVORCED	120 USUAL OCCU			F BUSINESS OR
274	CH	HEVERLY MD	PRINCE	GEO" HOS	SPESSIE	MED CTR	Housewi	OST OF WORKING LIF		
examiner mu		AL RESIDENCE (# NURSING HOME OF STATE 13% COUNTY P.G.	OTHER INSTITUTION, GI	WE RESIDENCE BEFORE Upper Marlbor		134 INSIDE CITY LIMITS?	130. STREET ADDRI 10000 Jo	yceton (ët.	
shous	-	ATHER'S NAME			-	IS MOTHER'S MAIDEN NAM	ΛE			
	0	Frank	MIDDLE	Sebasti	an	Mary	MIDD	(ŧ	Roda	
mest and		WAS DECEASED EVER IN U.S. AR		SOCIAL SECU		17 INFORMANT	Al	DRESS		
t, the		NO OR UNKNOWN) IF YES, GME	WAR OR DATES)	209-01-5	016	Edward Feren	sic/Son	Same as	: 13	
val.		IN CAUSE OF DEATH (Enter or	ly one couse per lu	ne for (a), (b), and	dieni s				APPROXI	MATE INTERVAL
ic e		PART I. DEATH WAS CAUSE	D BY	Caron	onen	i Shor	h			140
matem		1/1/1/	TE CAUSE (a)		1				1	idi.
cark on, o		7/40	DUE TO, OR	AS A CONSEQUE	NCEOF	1100 + 101				
emati		Conditions, if any, which	(b)	misse	we	orecon 1900	une			
or ot		couse (a), stating the	DUE TO, OR	AS A CONSEQUE		- 1				
		underlying couse lost	(c)	Her	arch	voter head	5 Ouse.	e		
to burral		PART 2 OTHER SIGNIFICANT (ONDITIONS CON	TRIBUTING TO	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART IC) 1
an an	CERTIFICATION									
shows an	V	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY?		, WERE FINDIN	
3 sh	E	TARREST STREET	a III				YES NO		5 🔲	NO 🗌
Item 18 show	J E	210. ACCIDENT WAS UNDERLYING			W VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18, P.	ART 1 OR PART 2)	
Iter		OR CONTRIBUTING CAUSE OF DEA			Y YEAR					
dorl	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	FINJURY		211 LOCATION				
th and A	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY C	RTOWN	COUNTY	STATE
is m	1				12-1	779	12-	22	. 70	
21 i		22a.l certify that (I) (this haspi sow the deceased alive an				19	. 10			that (1) (we) la
for u em 2		obove, (l) (we) (did) (did no				I that in (my) (our) opinion o	death occurred on t	ne date and hau		
hed for Dept. o		226 SIGNATURE	1 0		D	EGREE	The Form		22c DATE	SIGNED
		Tourse	A. Un	ral .	n	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR PH	STAFF YSICIAN	12/2	2/79
Sta	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				
with the State	10	JOSEPH QUASI	1			7603 GEORG	WA VA AI	WASHING	TON DC	20012
IMPC	22-	DUDIAL CREMATION BENCH	Task DAYE	T22. N	IAME OF CE	METERY OR CREATANCE	123d. LOCATION			
0.00	258.	BURIAL, CREMATION, REMOVAL	Dec 34			METERY OR CREMATORY	CITY OF TOWN	horo D	COUNTY	STATE
		Burial	1979	, pt.	Joun	s Cemetery		boro, Pe		1
6 25M	24 F	UNERAL DIRECTOR		ADDRESS		25e. DAT	E PECTO RY DECOS	PARTO REGIST	RAR'S SIGNAT	URERCAN
		Capitol Funer	al Servi	ce Fair	fax,	la.	m 20 10 10 1			
DHMH-16 25M VRA 15, 4) 1/79		Capitol Funer	al Servi	ce Fair	fax,	la.	DLUAT		1	

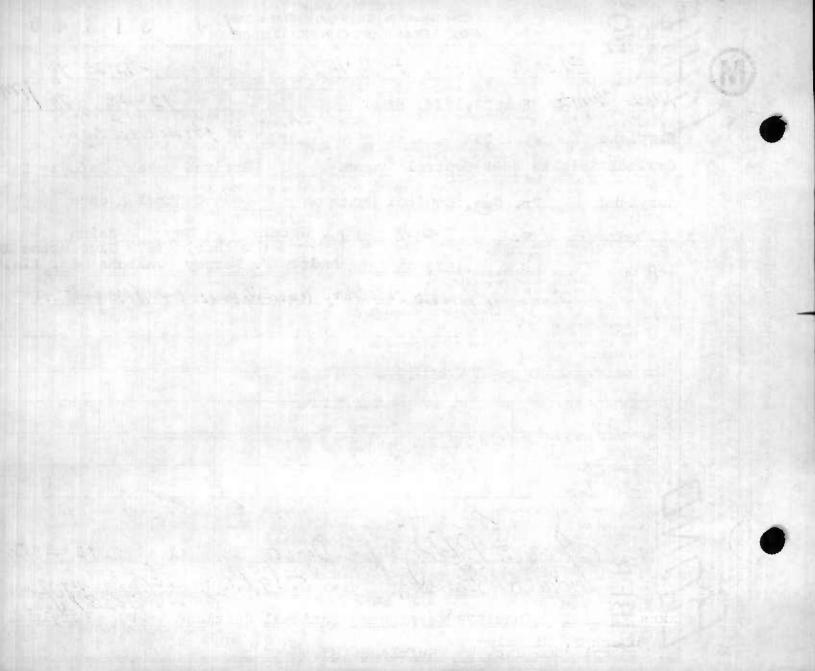
HEAUD HEEROU! 7693 GEORGIA AV NY WASHINGTONING 20012 AND SO THE ASSOCIATED ASSOCIATED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) GENTRUDE M 12 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS MONTH Female March 4. Cauc. TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Penna. U.S.A. Prince Georges WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2411 Belair Drive Housewife Bowie Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Plo 2411 Belair Drive Maryland Prince George Bowie YES 🙀 NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE **≬**Unknown John Boyle Ida 5 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT Bowie, (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 172-09-2351B 2411 Belair Drive, Md. Joseph G. Flynn. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY myocardial in Farction None DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION Diabeks melli fus 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR entol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 ž 21d. INJURY OCCURRED ò 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 1972 220.1 certify that (1) (this hespital) attended the deceased from_ saw the deceased alive on DECEMBER 19 79, and that in (my) (port) opinion death occurred on the date and hour and from the causes stated obove, (I) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS should be with the S SUPERIOR RISTOFOR BOWIE 20715 0 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION New Castle, Penna. St. Marys Cemetery Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ert G. Beall Lanham Funexal Home Ac Annapolis Road, Lanham, Maryland DHMH - 16 60M 7/73 profory / The breaks (VR A 15 (4))

TOWN OF THE PARTY The same of the sa SAL AMPLICATION OF A V



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) EST1-DEATH MATED 4 RACE SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCE DEAD 24,1914 Feb 65YRS TO BIRTHPLACE (STATE OR 9 BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Maryland
IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Capitol Heights 6008 Central Avenue Retired Baker Safeway Inc 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 6008 Central Avenue Capitol HahttsESX NO 🗌 Maryland Geo. 15 MOTHER'S MAIDEN NAME DIVISION OF VITAL MIDDLE MIDDLE LAST FIRST Forney Nettie May Nairn Andrew (brother) ADD 679 Wigginston Re 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Tallahassee, Fla. Andrew F. Forney CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY salerofic Pardio Vaseules DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O BURIAL YES NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BETO FUNERAL DIRECTE
AFTER DEATH, WITH TI
BALTIMORE, MARYLAN Undetermined mannel Hamicide death resulted fram: Natural causes ACTUAL EXAMINER'S NA 230 BURIAL, CREMATION, REMAIN Suitland 26Dec1979 National D BY REGISTRAR TO REGISTRAR Burial 24. FUNERAL DIRECTOR **DHMH - 17** *Robert E. Wilhelmoress (VR A15 ME (5)) Suitland. Home Inc 15M7/76

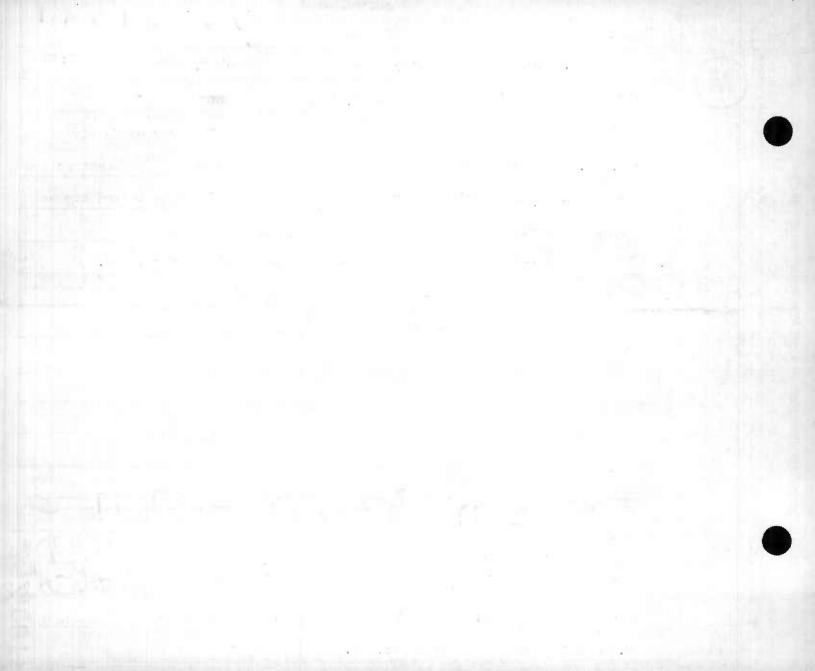


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE



1	FOR STATE REGISTRAR		DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HYC TIFICATE OF DEATH	GIENE 7 9	3 5	4 2
17	DECEASED NAME	FIRST	WIDDLE	LAST		MONTH DAY YEAR	26 HOUR
death death		SALLIE	B. FRANI	KLIN		12-03-79	10:45P,
retor, pa	SEX F	4 RACE	M	TE OF BIRTH ONTH DAY YEAR - 27 - 1903	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
funeral dis	BIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	./	RRIED NEVER MARRIED		RGE'S COUNT	Υ "
	HEVERLY			RAL HOSPITAL	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RETILED	OF WORKING LIFE) INDUSTR	OF BUSINESS OF
# E U	SUAL RESIDENCE (# NURSING STATE	G HOME OR OTHER INSTITUTION 31 COUNTY P. G.	N. GIVE RESIDENCE BEFORE ADMISS 130. CITY OR TOWN FAIRHOURT HC	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 5708 JAY	ST.	
M	FATHER'S NAME FIRST ELIJAH	MODIE	LAST	15 MOTHER'S MAIDEN NA	IKNOWN NIODLE		LAST
oers. Pages 1 and 2 and	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)		O 17 INFORMANT ADDIE STOKE	ADDRI	15 #13 AB	OVE
een signed by the attending Then please remove carbon or to burial, cremation, or re any injury, or other trauma		which ediate the last. (b)	OR AS A CONSEQUENCE C		MINAL DISEASE OR CON	DITION GIVEN IN PART	l(a)
0 1 2 8	S 190 DATE OF OPERATE	ON 196 CONE	DITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	
e DE m		PLYING TO THAT	OF INJURY	Tax			
ir Item 18		USE OF DEATH HOUR A	A.M. MONTH DAY YE	AR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	
rial-tra fental or Iter		USE OF DEATH EXAMINER] D 216 PLACE	A.M. MONTH DAY YE	19 211 LOCATION	RED (ENTER NATURE OF INJUI		STATE
CCTOR: After this cert or use as the burial-tra of Health and Mental m 21 is marked or Itee	OR CONTRIBUTING CAN (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	EXAMINER HOUR A EXAMINER D 21e PLACE (AT HOME, S) this hospital oftended II	A.M. MONTH DAY YE P.M. E OF INJURY THEET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET		WN COUNTY	STATE
CCTOR: After this cert of Wealth and Mental tra m 21 is marked or Itee	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 220 I certify that saw the deceased	EXAMINER HOUR A EXAMINER P 21e PLACE (AT HOME, S) this haspital) attended II alive an	A.M. MONTH DAY YE P.M. E OF INJURY THEET, FACTORY, OFFICE, FARM, ETC. The deceased from 19	211 LOCATION STREET	CITY OR TO	wn county 19 ate and haur and fram 11 726, DA	STATE , that () (we) las he couses stated
or use as the burial-tra of Health and Mental m 21 is marked or Itee	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRE MILE NOT WHILE AT WORK AT WORK 220 I certify that saw the deceased	D 21e PLACE (AT HOME, SI	A.M. MONTH DAY YE P.M. E OF INJURY THEET, FACTORY, OFFICE, FARM, ETC. The deceased from 19	211 LOCATION STREET and that in (inc) (aur) apinion DEGREE ATTENDING	city on to	wn county 19 ate and haur and fram 11 726, DA	STATE , that () (we) las he couses stated
FUNEARLY LITE CLIPT A THE MIS CERT hould be detached for use as the burial-tra with the State Oper. of Health and Mental MPORTANT: If Item 21 is marked or Ite	OR CONTRIBUTING CALL OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 214 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 220 I certify that Saw the deceased above II Fellow 775 SIGNATURE	ALLE OF DEATH EXAMINER D This haspital attended II alive an III ALLE CONTROL OF THE DOCUMENT OF THE DOCUME	A.M. MONTH DAY YE P.M. E OF INJURY THEET, FACTORY, OFFICE, FARM, ETC The deceased from Toffice death. 19 23c. NAME C	211 LOCATION STREET 19 211 LOCATION STREET 19 21 (aur) aprilion DEGREE ATTENDING PHYSICIAN	city on to	TOUNTY 19 ate and haur and from the stand of the stand	STATE ., that N1 (we) last the couses stated

A P B T E P V 12-13-79 10 452 MICHAGE . BILLIE PRINCE GEORGE'S COUNTY PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Core consens, Cerebert Tolers INSCHOLATION STUSIES ME PURCHELLINGSING MARKET TO THE PARTY OF THE PART

	1.	FOR STATE REGISTRAR	DEPAK		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	MIDDLE	L/	AST	24 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1		ISSELL.		FRAT	71717		12 20	79	7 3 4 1
2500	3. SE		4 RACE	3 DATE O		6. AGE JIN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White		-23-87 YEAR	92		NTHS DAYS	HOURS MIN
35	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY USA	MARRIED WIDOWE	NEVER MARRIED	Prince	R COUNTY O		ounty Mr
75	10 C	CT inton Md	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME O	R OTHER INSTITUTION	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Farmer	ION		F BUSINESS OR
75	USU 13a	AL RESIDENCE I IF HURSING HOME OF TATE Penna. Faye	A OTHER INSTITUTION, GIVE RESIDENCE BEFO NITY Ette Markley	erylar wn ysburd	131. INSIDE CITY LIMITS?	RFD #1	Box 28		
20	14.F/	James V	MIDOLE LAST		15 MOTHER'S MAIDEN NAME FIRST Elma	WE	Sp	urgec	o'n
3	16a V	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GN	(F WAR OR DATES)		Wayne R Fi	razee 650			n Md Cabin
		IL CAUSE OF DEATH (Fotor o	inly one cause per line for (a), (b), a		2				MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	FD RY.		evlar Ac.	1-0-5		BETWEEN	ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	D.1
9	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED OF DEATH? NO
9		216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIFEITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH	DAY YEAR	ZICHOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
/	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	., FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
a 21 is morked		sow the deceased alive or above, (I) (we) (did) (did n	ottol) ottended the deceosed from 19_ ot) view the body after death	79 , on	d that in (my) (sur) apinion of	death occurred on the d	ate and hour o	nd from the	
TANT: If Hea		27b. SIGNATURE	resbalo		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	DATE	12/19
MPORTANT.			Nédzbala	-23	5620 St B	Barnabas 1	Road O	xon H	ill Ma
	(Burial, CREMATION, REMOVAL SPECIFY) Burial	12-28-79 As	sher G	lade Cem.		rett C		state Iarylan
0M 7/7B	24 F		E Wilhelm Fur	neral	Home	REC'D. BY REGISTRAR	1	R'S SIGNAT	URE



	1					ARYLAND			- A A
wa.	11-	FOR STATE		DEPARTMENT OF			1 7	3	3 4 4
14.		REGISTRAR	WE	DICAL EXAMIN	EK.2 C	ERTIFICATEO		REG. NO.	
		CEASED NAME FIRST	-	MIDDLE	21/2	LAST	2a. DATI	ESTI- MONT	THE DAY YEAR 25 HOUR
2000		Vam45		, FX	YE		DEAT	H MATED (1-26 1979 M
(3. SE	A. RACE	5. DATE OF BIRTH	1.6 AGE 16.3	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DA	TE MONTH	H DAY YEAR 14.153
(gar)	1/4	Tall limite	10-13.	- XX XXXX	NS.	III DATS HOURS	DE	AD /2 - 2	1 189 AM
		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	I. MARR	ED NEVER MARRI	P. BALL	MORE CITY OR COU	JNTY OF DEATH
N S S S S S S S S S S S S S S S S S S S	1 0	GEORGIA	U.S.A.		WIDOW	-	- /	ince (21.0	NOCO MD
AY IS NI THE FL THE 5.	, 10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	120. USUAL OCC	UPATION (TYPE OF WOR	RK 126 KIND OF BUSINESS OR INDUSTRY
	1 0	CHEVERLY		EORGES HOST	TTAL		ADMINI.	STRATOR	UNIV. OF MD.
NY DELLID 3 TO UID BE CORDS.	USU	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSI		1			
FANY DE SHOULD BY RECORDS		MARYLAND PRI.	GFO	COLLEGE PA	RK	YES X NO	4702	NORWICH R	OAD
T L I C		ATHER'S NAME	020	TOOLECCE !!	treit.	15. MOTHER'S MAIDE	NNAME		
PPM	2	JAMES LOG	MIDDLE	FRYE		JANIN	F	CARLISE	McCURLEY
MORE, PTER DEA	160	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURIT	Y NO.		AUGHTER		GOSHENVIEW DR
BALTIMORE, MD. 2 URS AFTER DEATH. 1 B. GIVE PAGES 1, 2, B. GIVE PAGES 1, 2, C. WITH FORM PM 3, C. WITH FORM PM 3, DIVISION OF VITAL	- (YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	256-10-93		JANET C.			HERSBURG, MD.
BALI GIN GIN WITH PAG DIVIS					710	JANET C.	MILLLIN	UNITI	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ly one cause per line	7	1111	berin			BETWEEN ONSET AND DEATH
		I MMEDIA	TE CAUSE (a)	tues C	0000	CCTC		A CONTRACTOR	
		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE	Jr.				
W. PREST WITHIN MINER A MANUER		gave rise to immediate	(b)					1500	
TED VEN		cause (a) stating the under- lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF.				
S, 301 ECUTE S" IN PAL EX, ND MIN, OR			(c)						
9 X Y Y Y Y	1,	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (e).		
ECOR BE INDIN MEDINAL AS A	MEDICAL CERTIFICATION								
TALRE HOULD NO "PEI CHIEF / USED OF HE/	3 S	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20. AUTOPSY?
OF VITAL WORD WORD THE CHIL THE CHIL THE CHIL BURIAL	1 1				1				YES NO
ION OF V THE CATE STHE WG TO THE HOULD BI	3 8	210. EXTERNAL CAUSE WAS	11b. TIME OF HOUR A.M	INJURY I. MONTH DAY YEAR	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR	RPART 2)
ON THE CONTRACTOR	N S	CONTRIBUTING CAUSE OF						1217-2-	
DIVISION C HIS CERTIFICA WRITING THE ARDED TO 1 GE 3 SHOUL TE DEPARTW	AED A	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE (OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY STATE
DI THIS (WRI) WRI) WARD AGE AGE ATE	1	AT WORK AT WORK							
PR: 1		22a. I certify that I took charg	e of the remains des	cribed above, held an	Autap	sy , Inspection	n Inqui	ond in my	y opinion
EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE			rol caures		icide 🗍	, Hamicide	Undetermined		
RECORD B		1	500	1	/	THE (SPECIEVA			
MAN WAR		ACTUAL SIGNATURE	to XX	rdique	/ "	Doruly	MEDICAL EX	DATE DATE	TE 12-27-14
ICA SHOERA ERA EATI	2	SIGNATURE SIGNATURE	100	// /		1/2/		MINER SIO	c & C
MED A PER PARA PER	4	(TYPE OR PRINT)	508(P. R.	drique	-	ADDRESS O'C)	9 Kay	Decres Court	(aug Hours
TO MEDICAL BE EXECUTE THE PAGE 48 HOLTO FUNERAL IT A FIRE DEATH, A FIRE DEATH, I A FIRE DEATH, I I I I I I I I I I I I I I I I I I I	23e.	BURIAL, CREMATION, REMOVAL T	3b. DATE	13c NAME OF CE	METERY C	NAME AND ADDRESS OF THE OWNER, TH	23d. LOCATION	me 200	3/1/1/
7102		BURIAL	12/29/79	FT. LIN	VCOLN	1 - 1 - 1 - 1 - 1	BRENTW	OOD PR	I GEO MD.
DHMH-17 20M 1/73	24. 1		CIS J. ACO.		LUC EI		REC'D. BY REGIST		'S SIGNATURE
(VR A15 ME (5))		500 UNIV. BLVD.			2001	JAN	2 1981	proposy	MaCrealy
		VVV UNIV. DLVV., I	VALLVEK	SLIVING IND	2070	-	1.1111		

xx -A.2.W CHEMENTAL STREAM STREET OF CHARGE STREAM STR TAMES CANADA TOTAL STATES CANADA STATES CANADA STATES YES INVITE CATTURED JAMES O, MILLER CATTURED WINDS The state of the s

FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL	HYGIENE/ 9	1277
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Percy	F.	Fulton	December	5, 1979 4:30a, M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	White	4-16-1891	88	MONTHS DAYS HOURS MIN
70 BIRTHPLACE ISTATE OR FORFIGN	7h CITIZEN OF WHAT COUNT	RY? 8	- 9 BALTIMORE CITY OR COL	INTY OF DEATH
COUNTRY)		MARRIED WEVER MARRIED	_	
Wisconsin 10. CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	Prince Geor	12b. KIND OF BUSINESS OR
	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY
Riverdale USUAL RESIDENCE (IF NURSING HOME		Memorial Hospital	Ret. U.S.G	ov't.Carpenter
130 STATE 136 CO				
	Geo. Brent			ylor Street
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
(Unkr	lown)		(Unknown)	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? I 6b SOCIAL S	ECURITY NO. 17 INFORMANT	1265-L	endale St.
No		8-1950A Roger F		ton. Mich.
18 CAUSE OF DEATH (Finter	anly ane cause per line far (a), (b)	, and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D. DT. DT. TILLIAM CALL	SEG BY	erebrovascular ins	ufficiency	Two days
42 119 mme			G-LLC-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-	100 0000
Conditions, if any, which	DUE TO, OR AS A CONSE	ized arteriosclero	cic	Unknown
gove rise to immediate	, , ,		310	Olikhown
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
DART O OTHER CICALEICAN	T CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE T	FRANKLAL DISCLASS OR COMPLETION	CD/CALIBLE ART 1/-
	I CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	A GIVEIN IIN PART TIO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	10h CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
O IN DAIL OF OFERATION	The container on the	men of examons was tem owner	IN C	ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN IURY OCC	YES NO Z	YES NO
as contracting (T) contracting	110.00 4 44 44 600.1711	DAY YEAR	LURKED (ENTER NATURE OF INJURY IN THE	MIB, PARTIOR PARTE
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		19		
21d INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
22a 1 certify that (I) (this has	spital) attended the deceased from			5 , 19 <u>79</u> , that (I) (we) lost
sow the deceased alive above, (1) (we) (did) (did)	December 5	9 13 , and that in (my) (our) apir	ion death accurred on the date and	d hour and from the causes stated
22b. SIGNATURE		PEGREE		22c. DATE SIGNED
Vita	1. Houn	ATTENDIN PHYSICIAI	MEDICAL STAFF	12-5-79
228. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS	DE FESTIVE	
Carl J. Houm	ann, M. D.	4404 Queens	sbury Road, Rive	rdale, Md. 20840
230. BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY OR CREMATO	PY 1234 LOCATION	
Buria1	12-8-79	Ft. Lincoln Cem	Brentwood	Pr. Geo. Md.

460

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the filled should be detached for use as the busial-transis permit. Then please remove carbon papers. Pages I and 2 should be filled — thin 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

MPORTANT: If Hem 21 is marked or Item 18 shaws any

must be nated

24. FUNERAL DIRECTOR NaTiey's F.H.Inc. Mt. Mainier, Md. DEC 1 1 1979

C N T A A A A A A A A A A A A A A A A A A	med to What blood better		
	THE RESERVE THE PERSON OF THE		
	1921-1-0		La care la
angeming diventer, manifest			
round no lyar - dans			
	Took open	904,37	
. The of home I - Contain to the .			
. del . natharing define	THE ALTO LANGE TO	-	0.0
	di dan kananan ka		
M. 1 October Downson I . 100	TO THE A CHORES		
	. Is a the hardely all	L. H. Ent.	Elegal Institut

10-				FOR			25242		E OF MARYLAND	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	mg 1	fe	1 6
The same	-		1-	STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0 1	3	., 0
	M)			CEASED NAME	FIRST		MIDDLE		LAST	2R DATE OF DEATH		YEAR	26 HOUR
1	V /		(ITPE	AN	NA			GAI	LER	DECEMBER 22	,1979		7:10a M
E.	E		3 SE			4 RACE		5 DATE (6. AGE IN YEARS LAST BIR	IHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	age 4 ector rs aft			Female		Whi	ite	Jan	29, 1911	68	YRS.		HOURS MIN
	at di hou	. 0	7r. BI	RTHPLACE (STATE OR FO	REIGN	Th CITIZEN OF	WHAT COUNTRY	? B MARRIE	D NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
	funer in 72	67	10.6	New York		USZ		WIDOW	D DNORCED	Princ	e Geor	ges	MD.
201	ours after by the filed with	83	L	ANHAM		DOCTORS	HEACILITY, GIVE STREET	OF P.G	CO	12R USUAL OCCUPAT ITYPE OF WORK FOR MOST O Analyst	E WORKING LIFET	NOUSTRY U.S	GOVT.
SE ST	thin 24 he y filled in ould be fa	35	13e S	RESIDENCE IN NURSI TATE ryland	135 COUN	Geo.	13c. CITY OR TO' BOWLE	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 12413 S	tarlig	ht L	ane
CO	npletely nd 2 sho	1601	14 FA	THER'S NAME Benjamin		NDDLE	Galile	r	15. MOTHER'S MAIDEN NA FIRST			LAS	
ma l	xecu 1 com 1 an	-		AS DECEASED EVER	IN U S ARA		166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		Md.
20	an and Pages		1,	ES, NO OR UNKNOWN) NO	(IF YES, GIVE	WAR OR DATES)	103-07-	-0191	Sidney Rubir	nstein; 1241	15 Kinsh	- dia	
20	hysici apers. noval.	-17		PART I. DE ATH W	1 (Enter and AS CAUSED	y ane cause per	line for (a), (b), a	ind ign	MARIAN AOX	7.		APPROXI	MATE INTERVAL ONSET AND DEATH
TS NOT	ith cer ding p bon p or rer			4149	IMMEDIATI	E CAUSE (a)	CAYLIN (FUCE.	LONARY HIRE	27			
FSTO	attender ve car			Canditions, if any,		(h)_(CORONSEC	ARY 7	ATETERY 2158	EASE.		398	ARS -
× ×	s that the at by the at se remove al, cremat			gave rise to imm cause tal, stating underlying cause	g the	DUE TO, OF	AS A CONSECU	DSC	erosis.			/	
8,20	n signed hen plea to buria		N	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART 1(c	31
L RECOR	e has bee ermit. T ene prior shows an	2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	206. IF YES, WE IN CERTIFYING		
CAS	HYSICIAN physician. scertificat al-transit pental Hygis ental Hygis or Item 18	9		2)8. ACCIDENT WAS UND OR CONTRIBUTING C JIF EITHER, NOTIFY MEDICA	AUSE OF DEAT	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR			OR PART 2)	
PEL	ING PHY ending p fiter this the burial and Meriand Meriand		MEDICAL	2)d INJURY OCCURR	ED	21R PLACE			211 LOCATION STREET	CITY OR TO	AN C	OUNTY	STATE
5	or att or att OR: A Ise as Health			220.1 certify that (1)		oll attended in	e deceased from	197	. 19	to DECEN	18 19 Z	79.	that (I) (unit) last
	AT AT ECT for u		2	saw the arease abave, (1)	d alive an	view the body	after de with.		nd that in (my) (cor) apinion	death occurred an the d	ate and haur and		/
	TAE CHA the hosy AL OIR etached ate Dept			226. SIGNATOR	1	- hr	*2	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE 12	122 ad fr
	HOSPITAL Bined by the FUNERAL (wild be detach in the State D PORTANT: B	1		224 PHYSICIAN SHA	MEANIFE OR	M			220-ADDRESS	PACK Rd B	MIKE M	d 20	7/5
0	TO Hi retain TO Fu should with t		23a B	URIAL, CREMATION, I	REMOVAL	23b DATE	234	NAME OF C	EMETERY OR CREMATORY	234 LOCATION	wici.		
0	BP		13	Buria]		12-24	1-79	Ft. I	incoln Ceme	CITY OR TOWN	onchuse	VIV	STATE
			24 FL	NERAL DIRECTOR	1		ADDRESS	Rocks	ville, Md 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNAT	URE MO
	DHMH-16 251 (VRA 15, 4) 1/		Da	nzansky-Go	ldber	g Chape	ls; 1170	Rock	ville Pike DE	2 8 1979	fritz.	han?	

DEGREEN 22, 1079 TEMPORES SERVICES

(VR A 15 (4))

ing the nutrous of the x Uringe Courses Bra Lowelle Indicate Park to the transfer of the state o will enough to one it a ero is and and one of the Otho . Transfer and . The . To an all the . The

. in the language of the langu

12 07 79 11:004 GUCDAPD PRINCE GEORGES CHEVERLY PRINCE GEORGES GENERAL HOSPITAL . M. Alichanie i www.pers. Company i de the land

1	3			500				OF MARYLAND		200	~ 1		10
D	A		1.	FOR - STATE REGISTRAR		DEPARTM		ICATE OF DEAT		NE/ 9 REG. N	0.	3 '	4 3
			1 DE	CEASED NAME FIRST	t enter	MIDDLE	ı	AST	1	a. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	AND			Marga	ret	T	G	rau.		1	12 11	79	11:10 M
	MARI		3 SE	x female	4 RACE Whit		5. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	900						Apr	. 6, 19		48	YRS.		
	meral d	15 Page	(IRTHPLACE (STATE OR FOREIGN OUNTRY) Sh. D.C.	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARR	RIED L	Prince G	_)F DEATH	MD.
5	rs ofter by the falled with	O Littled		yattsville	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A		R OTHER INSTITUT		20. USUAL OCCUPAT TYPE OF WORK FOR MOST OF Cashier		126. KIND O INDUSTRY	F BUSINESS OR
212	be =	be	USU	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION			ANA INICIDE CITY II	Indiana In	A CARET ARRES		2	
MARYLAND 2120	filled fould l	33	M	d. Nonta	gomery	Derwood		13d. INSIDE CITY LI YES A NO		7001 Mun	caste:	r Mill	L Rd.
RYL	within letely 3 2 sh	au L	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	MIDDLE		- LAS	
	omple omple	(2) (Michael J. H				Anna				Reici	nert
BALTIMORE,	execu ond c	edicol			MED FORCES?	579 38	2903	17 INFORMANT	211 500	McCullo		#13	
TI	ion or Pe	E a	_	no				MIS.	Susan	Mecuilo	ugn		
8	ficote pope pope	ent, f		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	line far (o), (b), and	lic.					BETWEEN	MATE INTERVAL DISET AND DEATH
15 7	ng proposition in the propositio	ic eve		280 A IMMEDIAT	E CAUSE (a)	Sepsis						111-	19-79
PRESTON	deoth ottendi ove co	OH O		Conditions, if ony, which	DUE TO, OI	R AS A CONSEQUE	NCE OF					11-1	14-74
88	he of he o	er tro		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NICE OF				-		
*	thot by the sose	r oth		underlying couse last	(c)_	Leukope		0.436	1			11-	19
5, 201	gned gned en ple buric	٠, ٥	~	PART 2. OTHER SIGNIFICANT C	CONDITIONS CO			NOT RELATED TO T	THE TERMIN	4	DITIONGIVEN	IN PART 1(a	11
DIVISION OF VITAL RECORDS	request. The	y inic	CERTIFICATION	Metastotic				inoma	to	LN, ba			
REC	nos be	50	FICA	190. DATE OF OPERATION	196 CONDI	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	D	20m AUTOPSY?		WERE FINDIN	OF DEATH?
TAL	cio cio	shov	ERT	21a, ACCIDENT WAS UNDERLYING	21h TIME O	F IN ILIPY		214 HOW IN ILIPY	OCCUPPE	YES NO	YES		NO
J-V	CIAN: physi rtifical ol-fron	E 7		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		THE HOW HAJORI	OCCORRE	ENTER NATURE OF INJU	CT IN HEM 10, PAR	TORPART2)	
NO	Sp	or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.: 21e. PLACE		19	21f LOCATION					
VISIO	G Prester the state ond	ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
۵	or or se or se or the	DOE :		22a.1 certify that (I) who hospe	attended the	e deceased from	11-9	-19 19	>	, to 12-11	-19 19	>	that (I) (we) lost
	R ATTENDIN hospital or RECTOR: Aft red for use a	21 is	- 3	sow the deceased alive on abave, (I) (and (did) (did)		1-79 19	or	d that in (my)	opinion de	ath occurred an the de	ote and hour o		
	OR A e hos DIREC	Hem	14	226. SIGNATURE				DEGREE				22c DATE S	SIGNED
	, £ , 5 di	±		118 tatrick	ाप /	MI)		ATTEN PHYS	ICIAN	MEDICAL STAI		12-1	11-79
	OSPIT ed b UNES d be	RTAI		22d. PHYSICIAN'S NAME (TYPE OF		MA		220. ADDRESS	Coles	ville	Rd		
	TO HOSPITAL retained by t TO FUNERAL should be del	MPO			ich I			Silver	50-0		2091	0	
120	7		23a.	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE			EMETERY OR CREM		23 LOCATION CITY OR TOWN	Compe	YINUC	STATE
100	BP	- 5	24 E	JNERAL DIRECTOR	Dec. 1	13, 1979	Wash	te of He		Silver		100	202
	DHMH - 16 50M 7/7 (VR A 15 (4))	7	4. (lal tavi	all °4748	Wis	c. Ave.	J. J.	ECT 4 1973	J. K. CIAJKA	nya,aiaiyiyii	//

	A Annahaman an anaha	
and of a		
	ter, to rest for the	edition a femen
	ercal engine ay	API I
	701/200	Are nome office of me
. H ET/170	TOO SURVINO	becamen't Deswood
Strellated	hmmh	nanismon . Topini
CIE Y	Marcillower Engage Formilioven	0.000
Trans.		
		State at a State of the
	Western	Element To the State of the Sta
	Harris Harry	OM IN ACTION OF
	wall pathod they provide the	GMIT HISTORY
. htt., serin	tof mer fill meyesh to sand	Ter. 13, 1979
	av. 10.00	THE STATE OF THE S

11.	FOR						H AND MENTAL		9	3	3	5 ()
	REGISTR			ME	DICAL EXA	MINER'S	CERTIFICATE	OF DEAT	H REC	6. NO.			
	PE OR PRINT	and the same	FIRST	D	MIDDLE	11.5	LAST C-		OF ESTI-		DAY	YEAR ?	L HOUR
1 17	N.	7/	asicus	PATE OF RIPIH		E (W TEARS IF I	Sr.		DEATH MATEL	MONTH	- 19 19	FLAR 1	A HOLE
18	Tale	Wh	le "	8-2-	- UZO S	9 YRS.	NTHS DAYS HOURS		ONOUNCED	12.2	7 15	79	10
Fe.	COMMON COL	SCHOOL SECTION	7 b	CITIZEN OF W		8 MAF	RIED NEVER MA	RRIED 9	BAT IMORE CI	affects.		ATH	
I	rela	CORPORATION CONTRACTOR CONTRACTOR		U.S.			WED DIVO		Mincs	Cren	910	05.000	MD
7	hedo	ly	B	LIF NOT IN SULH FA	CILITY GIVE STREET A	DRESS)	PHOP C		ye doc		Med:	ical	NESS
130. Ma	STATE Tyle	ind	Pr. G	eorge	Cmp. S	pring	S YES NO	130 STREET	Napol	i Roa	d		
14.1	ATHERS	NAME	All	DDIE	Griff	4 e b	15. MOTHER'S MA		WIDDIE		LAS T.T	T	
160.	WAS DEC	EASED EVER 1	N U.S. ARMED	FORCES?	16b SOCIAL SE		17. INFORMANT		700 Ma	855 £10	Ward		
-	NO OR	UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	579-01	-2535	Bernard	M. Gr	iffith	Cmp.	Spri	ngs,	Md
	18. CAL	JSE OF DEATH	(Enter anly an	ne cause poline	far (a), (b) and (c).)					APPRO	OXIMATE IN	TERVAL ND DEATH
	PAR	TIDEATHWA	AS CAUSED BY	AUSE (ebelie 6		cockers	he la	rate of a	16sem	10	nis	26
	Co	oditions, if a	ny which	DUE TO, OF	AS A CONSEQU	ENCE OF							
	ga	ve rise to i	immediate	(b)	AS A CONTEROUR	. 105.05							
		g cause last.	me under-	DUE TO, OR	AS A CONSEQUI	ENCE OF							
	PART 2 D	THER SIGNIFICANT	CONDITIONS CONT	RIRUTING TO DEATH	BUT NOT RELATED TO 1	HE TERMINAL DISE	ASE DR CONDITION GIVEN IN	N PART L o .					
NO			25. A		1455								
S.	190. DA	TE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED?				2D AU1	OPSY?	
PTIF	- EV	501111 61116	F 14/4 C	71115		Total Control							NO 🗌
E C	UNDER	ERNAL CAUS	R		FINJURY 1. MONTH DAY		HOW INJURY OCCUP	RRED (ENTER NAT	'URE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)		
MEDICAL	CONTR		AUSE OF DEA		N. OF INJURY (ATH	19	OCATION			-			
MEZ		RK AT WO			TORY, FARM, ETC.)	omi, XII I	STREET		SITY OR TOWN	C	YTHUC		STATE
				the remains de	eribed abave, hel	dan Aut	apsy , Inspec	ction 🖳	Inquiry .	and in my o	pinion		
		resulted fram:		auses ,	Accident .	Suicide [7	nined manner		- Filling		
			1	0	0		TITLE (SPECIFY)			1000	18.0	- 0	-
	SIGNA		ALGUA	864 /	course	wy	M.D. De	puty	AL EXAMINER	SIGN	12-	28-	19
	EXAMI	VER'S NAME	6/1	to D D	admillion	W D	5000	D and a com	C+ C-	6		vi.a 2	0027
	(TYPE C	R PRINT)			odrikuez		ADDRES 5009			mp Spr	ings,	Ma.Z	0031
Z3a.	(SPECIFY)	_	MOVAL 23b. D				OR CREMATORY	23d. LOC CITY OR	TOWN	D C	MA-	STAT	had
24.	FUNERAL	Buria	Tool	Funeria	1 Home,	Inc	1 Cemete	TE REC'D. BY R	ELANG EGISTRAR 25b.	P.G.	SIGNATUR	ryla	ilici
56	33 C	TA ST	exande	er Fer	rv Rd.	Clint		AN 91	980 /	in fray.	Malh	rocky	

The boll should be seen and the .A.J. U butferl the said in the said the best lines to the rest agreement the best of the best of dandwell # dailfire) 3307 ayour 2535 hermand at (restrict Com. Strengt, the so has good bearing to the things of the state of the state of TOUS AND REAL PROPERTY OF THE PARTY OF THE P The large to the large of the control of the contro

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Angie H. Hallisv December 6 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS Female White October 8. 1898 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Illinois Prince George's County WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Prince George's General Hospital Admin. Ass't. Cheverly U.S. Gov't. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN filled auld k 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland P.G. Co. Mt. Rainier 4700 YES X 30th Street 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE pup Walter Batchelder Hunsaker Carrie Maude 166 SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWI 578-32-3463 Edna Taylor 4801 Garrett Ave. Beltsville, Md CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c phy PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 9 CERTIFICATION 0 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED مَ IN CERTIFYING CAUSES OF DEATH? pei YES [gie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) Of 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a.1 certify that (1) (this hospital) extended the deceased from haspital sow the deceased alive an. and that in (my) (cas) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death DIREC 22h SIGNATHRE DEGREE 22c. DATE SIGNED should be detach ATTENDING MEDICAL STAFF 161 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINTE 22e. ADDRESS Eastern Ave. Avondale, Md. Samuel Sugar. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY Ft. Lincoln Cemetery Brentwood, P.G. Co., Maryland Buria] Dec 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Chambers Funeral Home Riverdale, Maryland

1 0 10 10 10	1 V				
double 1 gr) 			
	a lotted				
			Ach Joh		
Parameter Commencer					
MARKET A.M.					
The said	Cont N	THE PARTY OF			
		30,			

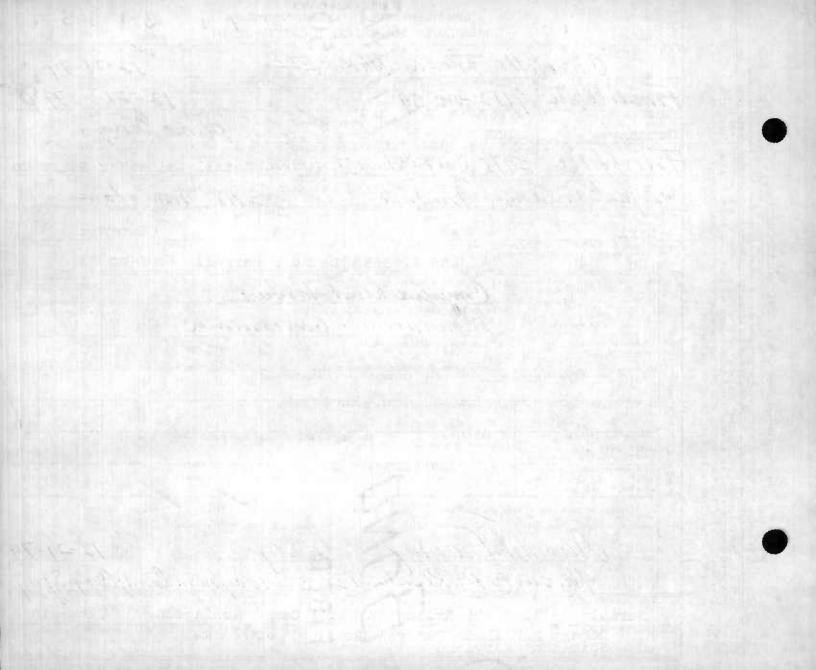
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 28 DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINT! HANCE DOROTHY DEAN DECEMBER 18. 1979 3:20P 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST RIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR MONTH YEAR DAYS 1905 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH TR. BIRTHPLACE ISTATE OR FOREIGN The CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Maryland WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors' Hosp. of Pr. Geo. Co. Western Union Clerk-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Md Geo Bowie NO [3010 Spark Lane 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Benjamine Elizabeth Unknown Dean WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 14h SOCIAL SECURITY NO 17 INFORMANT 578-26-8299A Patricia Houck Same as # 13 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for tokylb), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital-attended the deceased from 9 saw the deceased alive an obove, (I) (west and did not) view the body after death and that in (my) (per) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL 12/19/79 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TIM DEPENT) 22e ADDRESS 3231 Superior Lane, Bowie, Md. 20715 Leonard P. Appel, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Memorial Park Va. Burial Fairfax 24 FUNERAL DIRECTOR Robert G. Beall Runeral Home 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79 9013 Annapolis Rd. Lanham, Md. Uncl

hard handing of your The second secon

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIDST KNOWN X 20. DATE 7h HOUR (TYPE OR PRINT) OF ESTI-A. Tarry Hannon DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male 10 79 negro Nov. 18. 1957 DEAD 22 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina Prince George's County DIVORCED -TISA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Southern Mary Land Hospital Clinton New Car Salesman SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6928 Hawtrone Street Maryland Landover AL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST Enoch Repsie Hannon Warren 6 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Largo, Maryland 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 244-12-0686 Enoch Hannon-10151 Campus Way South YES APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c). CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES K NO 🗆 DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXX MONTH DAY UNDERLYING TO OR 0 MEDICAL Driver in auto/truck collision. CONTRIBUTING CAUSE OF DEATH 19 PRIOR 21e, PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED Trumps Hill & Rt. 301, Rosaryvifle, P.G. road road WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Inspection Inquiry and in my opinion death resulted fram Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL TER DEATH, MD Deputy ChiefDICAL EXAMINER 12-7-79 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. (TYPE OR PRINT) 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Newton Grove, Hillside Cemetery Burial BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Stewart Funeral Home 4001 Benning Rd. 30M 7/73

יניב ז בייני ביין e le militare 0 201 Sizus (Market Trent, north to Laft Latenant desertion - La is/:// reverse a consider the constant

HO		١.	FOR	41-53-5	STATE OF A		GIENE Q	7 1	5 5 4	
		1-	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	REG. NO.	~ ~ .	
	**************************************		CEASED NAME PIRST	rlotte 7	reda HAK	RELL	20. DATE KI OF DEATH A	NOWN PMONTH ESTI- MATED []] -	DAY YEAR 76. HOUR 2-/ 1979 M	
	NECESSAR, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES D. WITHIN 72 HOURS W PRESTON STREET,	3 SE	male White	S DATE OF BIRTH	YEAR 1 AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE PRONOUNC DEAD	MONTH 12-21	19 7 74 HOURS	
	JECESSAR UNERAL FOR YO WITHIN		IRTHPLACE (STATE OR DREIGN COUNTRY)	78. OTIZEN OF WI	HAT COUNTRY? 8 MARR	ED NEVER MARRIE	D 9 (SAUTIMO	RE CITY OF OUNT	OFDEATH	
	S F S F S F S F S F S F S F S F S F S F		ermany	USA	WIDOW		3/	ne serie	MD. KIND OF BUSINESS	
	PAGE FILE	1	Nestville	27181	Doone Stane	Frostville	FOR MOST OF WORKIN	NG LIFE)	OR INDUSTRY	
21201	IF ANY DE 2. AND 3 T 3. RETAIN SHOULD B	14	AL RESIDENCE (IF INJURSAN) HOS	LINES OF OTHER INSTITUTION, GI	TO CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	3. STREET ADDRESS	Brones to	ene_	
	S 1, 2, 2, 4D 2 S VITAL		ATHER'S NAME FIRST	MIDDLE	LASI	15 MOTHER'S MAIDEN	NAME	DIE	LAST	
RE, 1	R DEATH. IF AGES 1, 2, ORM PM 3, 1 AND 2 SH I OFVITAL		Karl was deceased ever in u.s.		Bodem Tibb. SOCIAL SECURITY NO.	Manja 17 INFORMANT		Zwori	nick	
BALTIMORE, MD.	UURS AFTER DI B. GIVE PAGE WITH FORM DIVISION OF	(1)	ES, NO, OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	256 42 5650		Harrell	Same as	#13	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	EXECUTED WITHIN 24 HOUNDERSON IN TEM 18 HOUNDERSON IN TEM 18 HOUNG WAS BURRALTRANSIT PERMIT. I AND MENTAL HYGIENE, DION, OR REMOVAL		Conditions, if any, wh gave rise to immedi cause (a) stating the <u>und</u> lying cause last.	DIATE CAUSE (a) DUE TO, or ich of the DUE TO, OR (c)	MEGININE KICHT AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEAS	· Cares	noma.	·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
TAL RECOR	HOULD BE EXEC RD "PENDING" CHIEF MEDICAL USED AS A BUI OF HEALTH AND AL, CREMATION,	CERTIFICATION	19a. DATE OF OPERATION		20 AUTOPSY?					
ON OF V	R: THIS CERTIFICATE SHO (J.E. WRITING THE WORD ORWARDED TO THE CHI ORWARDED TO THE CHI R: PAGE 3 SHOULD BE US E STATE DEPARTIMENT OF	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEAR	OW INJURY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAR		
DIVIS	E 3 S S E S	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK			CATION	CITY OR JOW	v cou	NTY STATE	
•	TO MEDICAL EXAMINER: T EXECUTE THE CETIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 217,		22a. I certify that I took ch death resulted fram: No ACTUAL SIGNATURE CONTROL OF EXAMINER'S NAME OF TYPE OR PRINT	arge of the remains des	Accident , Suicide M	TIPCE (SPECIFY)	Undetermined mon	DATE	12-21-79 Panp Spungs	
220	PAT	230. E	IURIAL, CREMATION, REMOVA	The second secon	23c. NAME OF CEMETERY C		23d. LOCATION CITY OF LOWN	COUN	IV STATE	
	BP		Burial	12-24-79		Las a salbare	Arling		Virginia	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F	UNERAL DIRECTO DE L'A	E Wilhe nd Mary	lm Funeral Ho land	me Za. DA ENE	TO STORY	25b. REGISTRAR'S S		



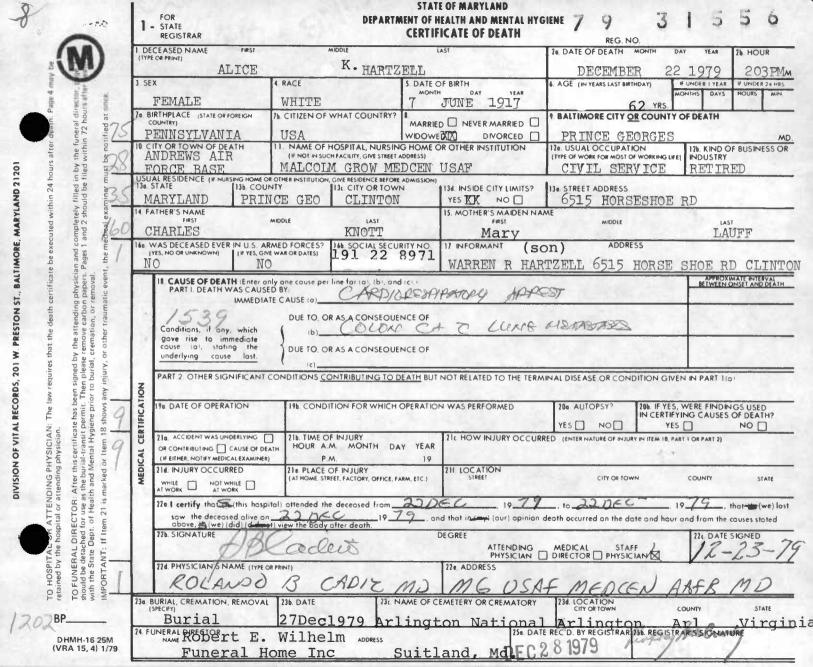
requires that the death certificate be executed within 24 hours after

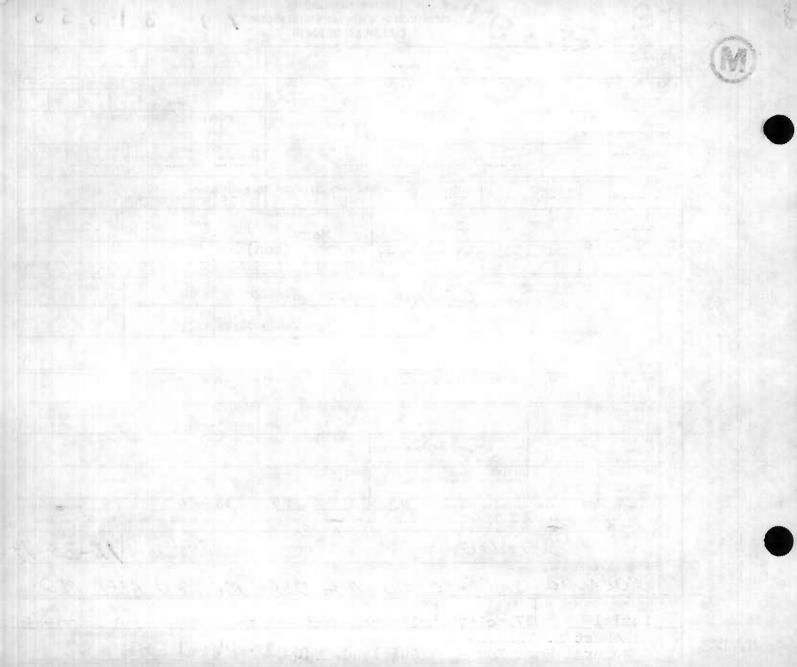
ATTENDING PHYSICIAN: The low

TO HOSPITAL

	1.	- STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEA	TH	REG		1 3	2 2
20 mg		CEASED NAME EORPRINT)	MINN]		S.		SHORN		20 DATE OF DEATH 12/26/7		OAY YEAR	3:10AM
W)	3 SE	x FEMA		4 RACE WHITE	2	5. DATE C	OAY	YEAR 04	AGE JIN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
135 in 135	Ma	IRTHPLACE (STATE)		VSA	WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARI	RIED 📙	BALTIMORE CIT	OR COUNT		DUNTY MD.
by the filed and	(CLINTON		SOUTHE	KN"MAI	RYLAND	HOSPITA	AL	2. USUAL OCCUP (TYPE OF WORK FOR MO) Tetlred	ATION STOF WORKING L	12% KIND O INDUSTRY FLOT	F BUSINESS OR
filled in nould be	ÚSU 13₀	AL RESIDENCE (IF	13b COUN Pr. 0	ITY	GIVE RESIDENCE BE	OWN	131. INSIDE CITY L	LIMITS?	SIREET ADDRES	s entown	Rd/	
ond 2 st	14 F	John	,	A .	Smi	th	15 MOTHER'S MA FIRST Rena		A	•	Air	len
n ond co		WAS DECEASED EY YES, NO OR UNKNOWN NO		WAR OR DATES	166 SOCIALS 217-0	7-9822	Estelle	M. Maj	yhew 5701	Allen	ings town Rd.	Md. Camp Spr
the attending physici- remove carban paper remotion, or removal. her traumotic event, th		Conditions, if cause to cause to underlying co	I WAS CAUSE IMMEDIAT 3 ony, which immediate ating the	DUE TO, OF	RAS A CONSE	CUPE OF	nom q	C.	10 m		APPROXI	MATERITATION OF ATT
ton. the been signed by it permit. Then please then prior to burief, cr. nows any injury, or oth	CERTIFICATION		IGNIFICANT C			ICH OPERATIO	NOT RELATED TO		200 AUTOPSY?	206. IF YE	VEN IN PART 100 S, WERE FINDIN FYING CAUSES ES	GS USED
his certificate burial-trans J Mental Hyg or Item 18 sh	MEDICAL CE	THE ACCIDENT WAS OR CONTRIBUTING (IF EITHER, HOTHY M THE INJURY OCC	CAUSE OF DEA	21e PLACE C	M. MONTH M. DF INJURY	19	711 LOCATION	Y OCCURRE	O (ENTER HATURE OF P		COUNTY	state
he haspital ar atter to DRECTOR. After to tacked far use as the Dept of Health and If Nem 21 is marked	*	22a I certify that	CUSEU UNIVE. UN,		Account to the second of	9 11/25	d that in (my) (our	NDING	ath occurred on the	date and ha	19	that (I) (we) last causes stated
TO FUNERAL should be determined by the State with the State IMPORTANT; the	1	22d PHYSICIAN'S BERNI	ard Fo	FACOCK		1707.	4273	BRA	ANCH A	ve.	1/2/	///
BP		BURIAL, CREMATIC SPECIFY) Buri	al	12/28/			emetery or creater	У	Vashing		COUNTY	D.C.
DHMH-16 20M (VRA 15, 4) 7/78		uneral director		oxon Hil	ADORESS		11. Md.	25a DATE	DECZOISTR	AR 256. REGIS	TRAR'S SIGNAT	10. 201

f. r. Ceo. r. the first of the control of the contr world .. while no mino on the state of the sta The state of the s





. /					MARYLAND			
P 16	1-	FOR STATE		PEPARTMENT OF HEALT		GIENE 9	5 5	5/
		REGISTRAR		DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	0.	
		CEASED NAME	FIRST	WIDDLE	LAST	OF ESTI-	MONTH DAY	YEAR 76. HOUR
NE I				liam Harve		DEATH MATED	12-1	19/4 M
	3 SE	Man Isl	rela S DATE OF BIRTH	OF TO YEAR IF I MOI	JNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MIN PRONOUNCED DEAD	2 - /	1979 657 M
-	100	RTHPLACE (STATE OR PREIGN COLINTRY)	76. CITIZEN OF WH	IAT COUNTRY? 8. MAR	RRIED NEVER MARRIE	9. BANIMORE CITY	OR COUNTY OF	DEATH
5	-	aryland	USA	WIDO			- // .	→ MD.
4	20	inham peath	Noctors h	Hospital of I	rince Geo.	FCC Specialis		S. Govern
5	M ^S	AL RESIDENCE (IF IN NURSI TATE Aryland	Prince Geo.	BOWIE	13d. INSIDE CITY LIMITS? YES NO	13e STZ600° Lanh	am Seve	ern Road
ol	14 F	William	WIDDIE	Harvey	15. MOTHER'S MAIDEN Minnie	NAME	Bolleso	n ^{LAST}
I	16a \	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		Add to the
	. ,	ES, NOR UNKNOWN)	TES, ONE WAR ON SATES	217 44 0299	Frances W	. Harvey San	me as #	13 (Wife)
		PART I DEATH WAS	(Enter only one cause por line S CAUSED BY:	for (a), (b), and (c).)	c Cardes W	is culor disc		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		4272	-SDIETO-SI	T/ / F	107			
		gove rise to in		iru rojun	is unice	aneurym	n	
		cause (a) stating the lying come last.	DUE TO, OR	AS A CONSEQUENCE OF		0		
			(c)			4		
	z	PART Z OTNER SIGNIFICANT C	DNDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1 (a).		
_	TIO	196. DATE OF OPERATI	ION TIEL CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		120	AUTOPSY?
7	FICA	THE STATE OF GLENATI	178. CONDIT	IO. TOR WHICH OF ERRIDIN	THE LET ONNED.		20	YES NO NO
2	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE			HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	153 🗆 NOT
	ALC	UNDERLYING OR	(MONTH DAY YEAR				
	DIC	214 INTURY OCCURRE	D 21e PLACE C	OF INJURY (AT HOME, 21f. L	OCATION			
	3	WHILE NOT W	HILE STREET, FACT	ORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY	STATE
						1	1.	
	100		ook chorge of the remain		opsy , Inspection		nd in my opinion	
		deoth resulted from:	7 Natural couses L.	ccident L, Suicide L	TITLE (SPECIFY)	Undetermined monner,		
		ACTUAL SIGNATURE	yanto His	ungue/	Deputy	MEDICAL EXAMINER	DATE	2-1-19
0-		SKIPPATORE (11	110	, M.U.	MEDICAL EXAMINER	SIGNED	
h	-	(TYPE OR PRINT)	Migusto P. Roc	driguez.M.D.	ADDRESS 5009 Ra	ayburn Ct., Cam	p Spring	gs,Md.20031
Ī	23a. B	URIAL, CREMATION, REA	MOVAL 23b. DATE	23¢. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	1	Burial	12/5/79	Holy Trinit	y Cem.	Collington	P.G.	Md.
))	21	THE Cas	ch's Sons Fur	neral Home, F	A. 250. DATE RE	C'D. BY REGISTRAR 25b. REG	SISTRAR'S SIGN	
			le. Maryland			CA 1979 A	wifing M	- Custy

And the first that the same .c. comments is in the specific i sisti the Rome Is all san a literated at a la lice o . itale Bone IIII illia (1) (1) (1) (1) (1) The said the said the said of the said THE RESERVE AND ASSESSED FOR Mind the garden state of the country ls. . .. se sa la sa La ses est es

e and a cili cus a

B Samuel of Continue Hall and was a love of the plant The affice of the second of the later of the you and come the way in the same and the grant free days They are the first of the second to the second THE ENGLISH OF THE PARTY OF THE PROPERTY OF TH that before the transfer of the form of the first transfer to the first transfer transfer to the first transfer transfer to the first transfer t March 1997 Service Control of Parks Profile Building Control of Co

The Bradley Funeral Home Luray, Virginia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

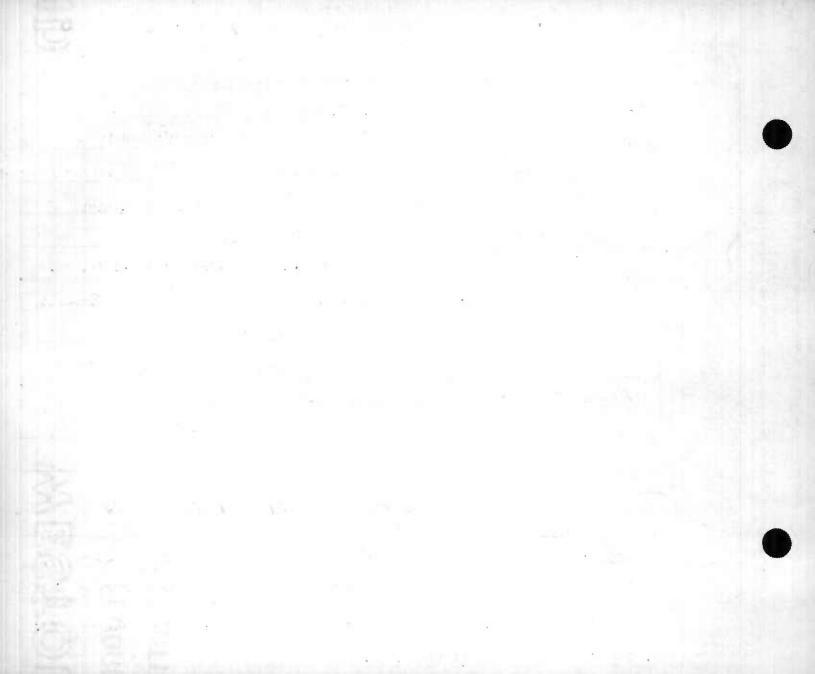
REGISTRAR

- STATE

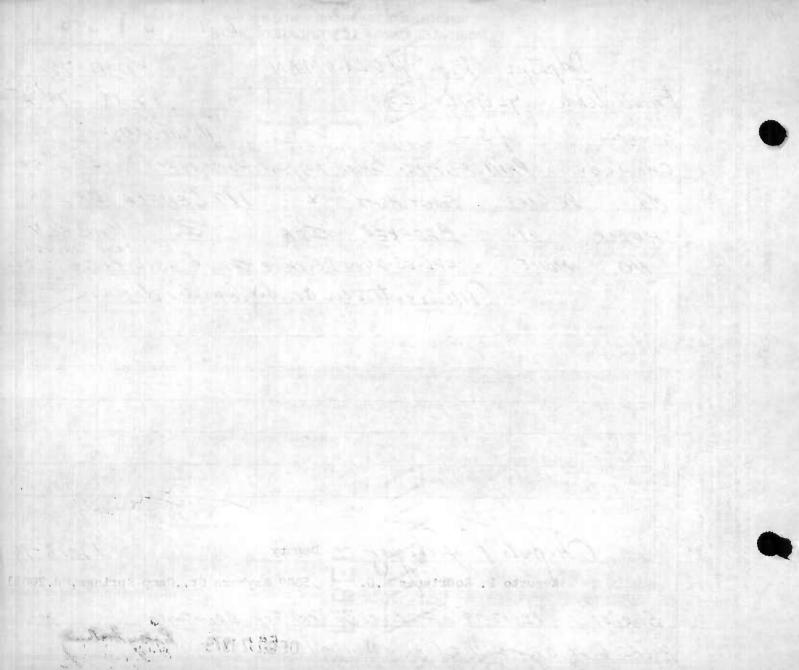
DHMH-16 25M

(VRA 15, 4) 1/79

12 14 79 9:300		MALLOE Too	
	20. 20, 106	serni-	
PRINCE GEORGES		4.8.3	
oldanio. n'ilvento.	ES NURSING CARE CENTER		
damida Elidennas "s liti			
	erl'fetell	cosess.	
harfyran , construction of	A Tebrie	· GV	
	of told without		
	1 -0.0 -1500		
	Cand on intended		
Compatient Company	in atom filming		, Q.
	in atom filming	es la lavair	.0.
	The atomic Charges Charges	scand of Co	



LK			STATE OF MARYLAND	
70		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 6 1
		STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	3 0 1
		REGISTRAR	NEO. NO.	DAY YEAR 125 HOUR
		CEASED NAME DIFIRST	THE DATE WHO THE	OAY YEAR 26 HOUR
William Water	110	EORPRINT) WELDINA	LE K. It CLL-CMAN DEATH MATED 12-1	13 1979 4
20958	N. 255	TA DAGE IS D	ATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	DAY CAR 24 HOLES
I IRANE DE	1 +	- I ALL	ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	7002
4.09因於2	1/1	inel White	7-4-16 63 YRS. DEAD 12-13	19/97 A M
2 Z	70 0	RTHPLACE (STATE OR 76	TIZEN OF WHAT COUNTRY? 18 9. BAHHMORE CITY OR COUNTY	OF DEATH
NEXTED -	174. 5	PEIGN COUNTRY)	MARRIED NEVER MARRIED	
2343404	15	an sac	4.5.4. WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	MD.
2203	0°C	TY OR TOWN OF DEATH	MANE OF HOSPITAL, MORSING HOME, OR OTHER MISTHOFICIA	b. KIND OF BUSINESS
2.E.O.E.O.A.V	10		MOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING-LIFE)	ORINDUSTRY
102年37年	C	Heverly	RINCE GEORGE GENERAL INSSPITAL HOUSEWIFE	41 401112
5 70E50 2 6	USU	L RESIDENCE (IF IN NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
T201 F ANY RETA	130. S		13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	1)0
	1	nd. PR. 620		77.
	14. F/	ATHER'S NAME	DOLE LAST 15 MOTHER'S MAIDEN NAME FIRST MIDDLE	→ LAST
BALTIMORE, MD. GIVE PAGES 11 WITH FORM PM. PAGES 1 AND 2 OWISION OF VITA		FIRST MID	BODENER TOO I. KA	USE/V
A A A A A A A A A A A A A A A A A A A	1	40 per w	DAUCKEN FUR	113
MORE TER DI PAGE FORM S 1 AN		VAS DECEASED EVER IN U.S. ARMED ES, NO, OR UNKNOWN) (IF YES, GIVE WAR O	TORCES! ITUE. SOCIAL SECONTITUE.	SPRINGS,
ALTIMO S AFTER GIVE PA GIVE PA GIVE PA VISION	1	NO MONE	486-03-2444 DELPHINE TAVLOR 4502 HA	REPOYE Rd
BAL URS OF WITH	=			APPROXIMATE INTERVAL
: 08 : 5	1	18. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
ON ST. 24 HC ITEM 1 LONG PERMI GIENE,		/ SAMMEDIATE CA	AUSFIOL GALLOS Elevater Chiefes Parceller derla	e.c.
W. PRESTON D WITHIN 24 FENCIL IN ITEA AMINER ALOR MINER ALOR FENTAL HYGIEF REMOVAL.		4 242	DUE TO, OR AS A CONSEQUENCE OF	
SI N N N N N N N N N N N N N N N N N N N		Conditions, if any, which		
SAN PERSON		gove rise to immediate) (b)	
W. P D W FENC TRA ENTA REM		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
		lying cause last.		
m	1		(c)	
BIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECT THE WORD "PENDING". REDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BU E DEPARTAENT OF HEALTH ANI PRIOR TO BURRAL, CREMATION.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 0.	
RECORI JUD BE E 'PENDIN EF MEDI ED AS A HEALTH	CERTIFICATION			
E E A A A A A A A A A A A A A A A A A A	H Ĕ	19g. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
AL REI HOULD D. "PEI USED JF HE/ LI, CRE	0			
VITAL SHO ORD ORD ORD ORD ORD ORD ORD ORD ORD OR	1 1	the second of the second		YES NO
ISION OF VITA ING THE WORD ED TO THE CH 3 SHOULD BE U DEPARTAENT OI RIOR TO BURIAL	T A	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
C SALL LAC		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
SION OF STIFICATE A G THE A O TO THI SHOULD PARTAEN	0	CONTRIBUTING CAUSE OF DEAT		
/IS	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	NTY STATE
DIVI S CE RITIN RDEE R DEE	Z	WHILE NOT WHILE	STREET, FACTOR IS, FACTOR IS	
D THIS WRI WARE		AT WORK AT WORK		
2 S - 2 E		220. I certify that I took charge of	the remains described above, held an Autopsy , Inspection , Inquiry , and in my api	nion
AMINER RTIFICAT D BE FO RECTOR: VITH THE		MAIN DO PORTO		
LAT CE		death resulted from: Natural co	ouses Accident , Suicide , Homicide , Undetermined manner ,	
XWIII		CXL.	TITLE (SPECIFY)	12 12 71
H, W	1	SIGNATURE //4/4	To Felle July M.D. Deputy MEDICAL EXAMINER SIGNED	113-14
RAT RATE		SIGNATORE		
OH ANGO		EXAMINER'S NAME (ALIGHE	to P. Rodriguez M.D. ADDRES 5009 Rayburn Ct., Camp Spring	nge Md 20031
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	The Person of th	(TYPE OR PRINT)		160,114.20031
PAFT PAFT	23g.1	BURIAL, CREMATION, REMOVAL 236.	DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT	TY STATE
1 1 1 1 1		SPEGIFY)	0 -0 1 - 1 1 1 1 1 1 1 1 1	pan
BP	1	BURIAL YZ	17-79 1-T. CINCOLN (MITTLE) BRENTWOOD 1250. DATE REC'D. BY REGISTRAP COM	CONTINE Y
DHMH - 17	24. 1	UNERAL DIRECTOR	4000555	
(VR A15 ME (5))	1/	BIES GILD AVE.	4 4111 Pal. Axan Hull and DEG 17 1919	
15M 7/76	12/	CIL BIRD UXU	THE SA WAR CHILD IS TO SEE	



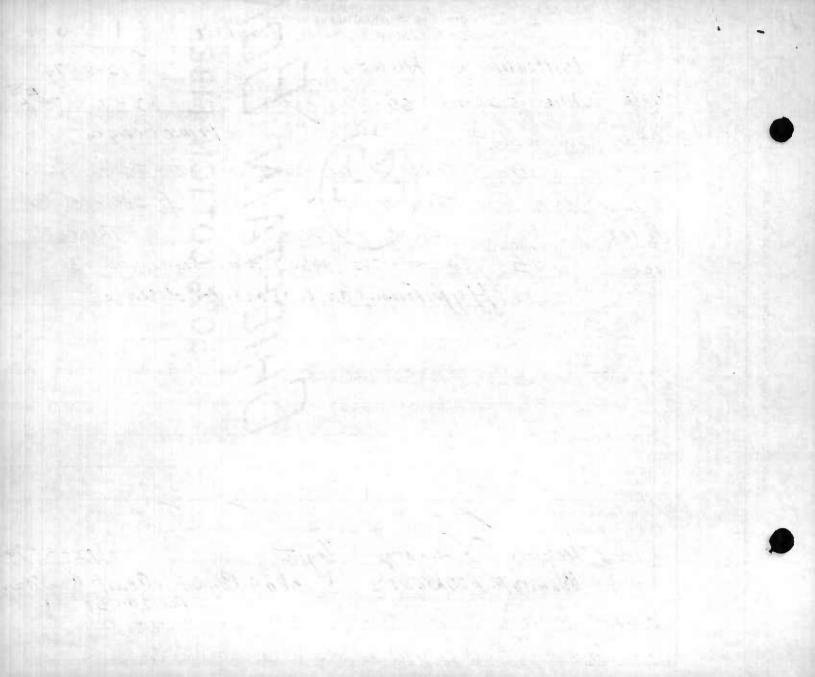
10,2	\	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	, ,	3 1	5 6 2
M s			CEASED NAME FIRST OR PRINT) JAM	IES W	HOLM		AST	20 DATE OF DEATH 12 23 79		20 HOUR 9:00PM
ector Ports	nce.	3 SEX	H	4 RACE		5. DATE C	DAY YEAR	6. AGE IN YEARS LAST BIRT		
death. Pa	ted at		RTHPLACE (STATE OR FOREIGN DUNTRY)	75. CITIZEN OF	WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED DONORCED	PRINCE GE	R COUNTY OF DEA	
ours after by the fu	or pe no	СН	EVERLY MD	PRINC	E LOGIE OF ST	HOSP" &	MED CTR	12ª USUAL OCCUPATE (TYPE OF WORK FOR MOST OF RETIRED	F WORKING LIFE) INDL	S. Gour.
MAKTLAND 2 120 uted within 24 hour mpletely filled in by nd 2 should be filed	The man	USU/	AL RESIDENCE HE NURSING HON TATE 136 CO	LE OR OTHER INSTITUTION	13c CITY OR TO		134 INSIDE CITY LIMITS?		VIS AVE.	
cuted with	deal exa			MODIE	LAST		IS MOTHER'S MAIDEN NA FIRST MARGARET	WIDDE	(WAIK	NOWN)
ficate be exertion and copers. Pages 1 ; over	t, the me	lée V		ARMED FORCES? GIVE WAR OR DATES)	577-28		CAROLVAI GA	RRISEN - SA	ME 13 # 13	
that the death certify the terminal by the attending pheeremove carbon pair or remine or remination, or reminat	y, or other traumatic eve		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMME! Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a) DUE TO, (b)	HEPATIC OR AS A CONSE	ATIC FA	ALOPATHY ALLURE CIRRHOSIS		86)	APPROXMATE INTERVAL TWEEN ONSET AND DEATH
DIVISION OF VITAL RELOKUS, 201 IDING PHYSICIAN: The law requires After this certificate has been signed as the burial-transit permit. Then pleas the and Mental Hygiene prior to burial	18 shows any injur	CERTIFICATION	PART 2 OTHER SIGNIFICAL CANONIC 1% DATE OF OPERATION NOW	alcoh	olyn		NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	706. IF YES, WERE I	
G PHYSICIAN: Tr ding physician. et this certificate ha burial-transit pern ad Mental Hygiene	ked or Item 1	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE FITHER, NOTHY MEDICAL EXAMINATION OF THE PROPERTY OF	POEATH HOUR A	OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFF	DAY YEAR 19 ICE, FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		
ATTENDIN pital or atten ECTOR: Aft for use as the	em 21 is mar	•	WHILE AT WORK 220. I certify that (I) (this his saw the deceased alive above. (I) owe) (did) (did)		- 12	979,00	2/23, 19 79 d that in (my) (aur) apinion	, to/ 2/ death occurred on the do		
TO HOSPITAL OF retained by the hos TO FUNERAL DIF should be detached with the State Dept	IMPORTANT: If It		226. SIGNATURE (CLAN) 226. PHYSICIAN'S NAME (TY		o gr	m.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F	DATE SIGNED 12/24/79 Klud
To Hose retained To FUN Should b with the	IMPO	230 €	CESAR URIAL CREMATION, REMOVE	SOR IAN VAL 23b. DATE 12-28	2	3c. NAME OF C	EMETERY OR CREMATORY MEM. CEM.	234 LOCATION CITY OR TOWN HIGHLAND	PARK, M	1. Zoors
DHMH-16 : (VRA 15, 4)			INERAL DIRECTOR NAME SWASHINGTON		ADDRESS		25e. DA1		25b. REGISTRAR'S S	

MEPATIC ELCEPHALOPATHY
HEPATIC FAILURE
NUTRITIONAL CIRRIDSIS

X	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		REG. NO.	1 5	6 3
fai		CEASED NAME Jesise	Ha]		L/	Holmes	20. DATE OF I		DAY YEAR	26 HOUR
10	2.00	Tosse	HA RACE	12	S. DATE O	M + S	4 ACE INDEE	RS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	3 SE				MONTH	DAY YEAR		565 YRS	MONTHS DAYS	HOURS MIN.
	Ma.	RTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	R	18, 1914		CITY OR COUN	TY OF DEATH	
582		irginia	U.S.A		MARRIED	NEVER MARRIED DIVORCED		ce Geor		ALD.
edor		TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL O	CCUPATION	126, KIND C	OF BUSINESS OR
175	C	linton	South	ern Md.	Hosp	. Center	Reti	or most of working red	LIFE) LIPUSTRY	Gov't.
must be	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Morning	N			press Marianr	ne Driv	e
Comine	14 FA	THER'S NAME	WIDDLE	LAST	[]	15 MOTHER'S MAIDEN NA	ME	MIDDLE	<u>LAS</u>	31
46		Henry		Holme		Mary		ADDRESS	Hal	e
e medica		20,110	RMED FORCES? VE WAR OR DATES)	578-36-		Zelda M. H	olmes			
ŧ,		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per	line far (a), (b), an	d (c)	-	0	ı	BETWEEN	ONSET AND DEATH
event, th			TE CAUSE (a)	Neutr	4400	ARDIAL +N.	tarey,	CIV	3 /	Hours
traumatic		410-		R AS A CONSEQUE		12.25			50	PARS
		Conditions, if any, which gave rise to immediate	1	CORONX	-	HART DIST	A S-F			
ather	-	underlying couse last.	1	R AS A CONSEOU	NCE OF					
ory, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION G	GIVEN IN PART 1	a)
2	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOF	IN CER	YES, WERE FINDING CAUSES	NGS USED OF DEATH?
9	GE E	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	VEAR	21c. HOW INJURY OCCUR	RED (ENTERNATE	RE OF INJURY IN ITEM 11	B. PART 1 OR PART 2)	
9	CAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	ALL I	M. MONTH D	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	-	AT WORK AT WORK				3.4		12/10	5/2	To the second
ZI is marked		220.1 certify that (I) (this has saw the deceased alive o	oital) ottended th	deceased from_	9	d that in (my) (ear) apinion	death accurred	on the date and h	/	that (I) (We) lost
		above, (I) (we) (did) (did)	at view the bady	after death	/	DEGREE		o me date ond fi	22c. DATE	
		12m	2011	do		ATTENDING	MEDICAL	STAFF PHYSICIAN	12/	10/50
-	1	22d. PHYSICIAN'S NAME (TYPE	OR PRIN"	ecc		22e ADDRESS	DIRECTOR] PHISICIAN [1/0/0	10/19
1		R.M. NEDZ	RALR 1	y A		5620 ST.B.	ARNABA	s Rd, oxo	NHill Ma	(2004/
<u> </u>	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	230 1		EMETERY OR CREMATORY	23d. LOCAT	OWN	COUNTY	STATE
_		Cremation				Crematory	Wa	shingto		•
77		UNERAL DIRECTOR Lee	Funerander F	al Home,	Inc	•	EC241	979 P	STRAR'S SIGNAT	
	-	00 020 1-20110				,			-	25.27

	- 5 - I o l		, Tall	98834	
		and the	e sound		0.5
Trinde Cearge	X Williams				in North
17/11	хөзгий	n left, hore.	South er		Chinton
ever cartume origin	X	ominantino	George al	***	has Ived
A state of the sta	7.7	2011			Transfer V
.a-1 Ele en emac amaiol	05.740	7005-86-60			C/A
		1 2 96 70707.			

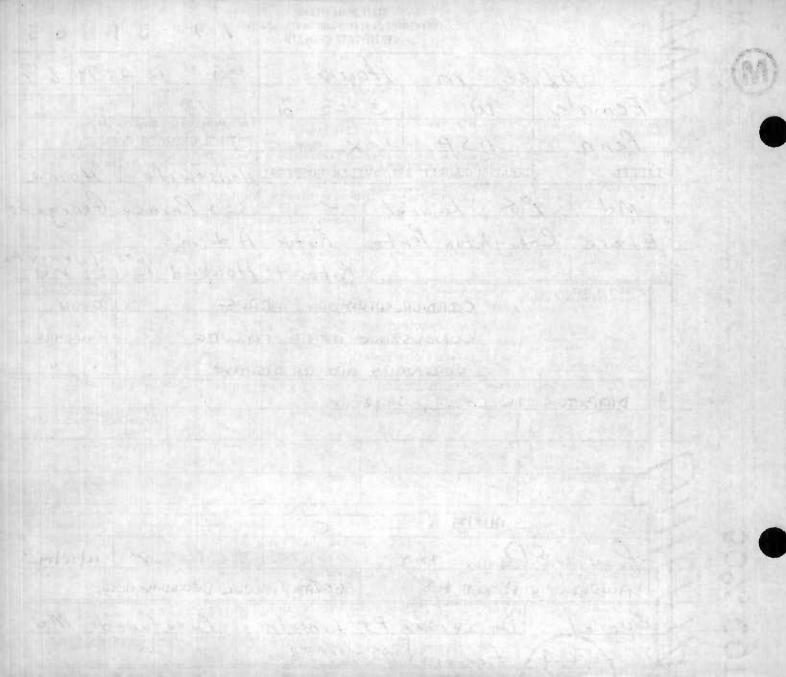
1D	STATE OF MARYLAND								
10		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE						7 1	6 6
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					3. NO.	304
		CEASED NAME FIRST		MIDDLE	LAST	0.9 (0.000)	20. DATE KNOW	N MONTH	DAY YEAR 26 HOUR
# % % % F	(117	E OR PRINT) Will	lam k	HOK	ES		OF ESTI-	0 0 12	-3 1979 M
ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	1 SE)	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE		IF UNDER 24 HR	RS. 2c. DATE	MONTH	DAY YEAR 24 HOUR
PONE DIRECTOR 172 H 72 H SN ST	1	Take White	5-27-/	9 GO YEAR		S HOURS MILL	PRONOUNCED DEAD	13 - =	76 4
SARY, P AL DIRE YOUR YOUR STON ST	7a Bi	RTHPLACE (STATE OR	7b. CITIZEN OF WHA		S.		9. BALTIMORE CI	ITY OR COUNT	Y OF DEATH
NECESSAR FUNERAL ID S. VITHIN 3 V. PRESTO	FO	REIGN COUNTRY)	MARRIED NEVER MARRIED					F-1	
	()H10	WIDOWED DIVORCED DIVO						MD
PAGE 5 F FILED, 5, 301 W	18. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK IND LIFE) 121. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY						
PA N PA	CHEVERLY		PRINCE GEORGE GENERAL HOSPITER CONSTRUCTION INS						ER P.G. CO.
A N N N N N N N N N N N N N N N N N N N	USUA	I RESIDENCE HE IN NURSING HOME	OR OTHER INSTITUTION, GIVE			IDE CITY LIMITS? 13e. S	TREET ADDRESS		
21201 LIF ANY DEL 2, AND 3 TO 3. RETAIN P SHOULD BE 1. RECORDS.	130 S	TATE / 136 COUN	re Geo	13c. CITY OR TOWN	YES T		STREET ADDRESS	r. BARN	IARAS Rod.
22. = 23. SH	14 F	ATHER'S NAME	2 000	excepte with		THER'S MAIDEN NA	MF	- CHINA	1015/10
MD. 2 ST, 2, 2, 2, 2, 4D 2 S VITAL	1	2 FIRST	MIDDLE	LAST		FIRST	MIDDLE	7	DIE TOTT
RE, M	0	<i>ETER</i> VAS DECEASED EVER IN U.S. AR	MED FORCECS	HORES		CORENCE ORMANT	ADD	RESS	RICKETT
MORE, FTER DE F PAGE F ORM ON OF	100. Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!			//			
S S S S S S S S S S S S S S S S S S S	4	'ES wa	17	293-09-97	62 He	Yew J. HOA	RES SAME	AS ITEM	13
. 200	1	18. CAUSE OF DEATH (Enter on	ly one cause per line for	or (a), (b), o, + (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ron st., 4 24 hou 1 item 18 ALONG ALONG PERMIT (GIENE,	1	PART I DEATH WAS CAUSE	TE CAUSE (perferra	u Cara	ledvas	ecolor de	Elecco	
/		4029		S A CONSEQUENCE	OF .				
W. PRESTI ED WITHIN PENCIL IN AMINER A I-TRANSIT RENTAL HY		Conditions, if any, which	- 1						
W. PRE		gave rise to immediate cause (a) stating the under-		S A CONSEQUENCE ()F	4 3 10	1111111	11/-	
E BRXEAS	0	lying cause lost.							
DS, 30		BART 2 DIVER CICNIFICANT COMBITIONS	(C)	T MOT BELATED TO THE YEAR	In a Section on cons	NIZIONI ONETH IN ALES			
DIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECTION OF THE WORD "PENDING". E 3 SHOULD BE USED AS A BUILE DEPARTMENT OF HEALTH AND PRIOR TO WILL AND THE USED AS A BUILE DEPARTMENT OF HEALTH AND THE USED AS A BUILD BUILD BUILD AND THE USED AS A BUILE OF THE USED AS A BUILD AND THE USE AS	z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).							
LRECORE TULD BE E. "PENDINGEF MEDIC SED AS A HEALTH CREMATIC	CERTIFICATION		Townson and						1
ALRE HOULD DE L'ALRE L'	\ V	196. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS PERF	FORMED?			20. AUTOPSY?
VITAL VORD VORD VORD VI OF RIAL,	E								YES NO
INISION OF VITA CERTIFICATE SHO ITING THE WORD DED TO THE CH DEPARTMENT OF PRIOR TO BORNALO PRIOR TO BORNALO PRIOR TO BORNALO		216. EXTERNAL CAUSE WAS	21b. TIME OF II	NJURY MONTH DAY YEAR		URY OCCURRED (EN	TER NATURE OF INJURY IN IT	EM 18 PART TOR PAR	RT 2)
SION OF RTIFICATE NO TO THE NO TO THE SHOULD PARTMEN OR TO BU	14	UNDERLYING OR CONTRIBUTING CAUSE OF		19					
VISIG	MEDICAL	21d. INJURY OCCURRED		INJURY (AT HOME,	211. LOCATION	4			
DIVIS WRITING VARDED AGE 3 S ATE DEP	X	AT WORK AT WORK	STREET, FACTOR	RY, FARM, ETC.)	STREET		CITY OR TOWN	cou	UNTY STATE
£ .3 4 £ 8									
AINER: FICATE, SE FOR: CTOR: 1 THE S		22a. I certify that I took charg	e of the remoins descr	ibed above, held on	Autopsy	, Inspection	Inquiry [],	and in my opi	inion
AMINER STIFICATI BE FOI SECTOR: ITH THE YLAND, 3		death resulted from: Notu	ral coures . A	Acc <u>id</u> ent 🔲 , Su	icide 🔲, Ho	amicide 🔲 . Un	determined manner		
×===3×		Aug.	1 XX	1	701	E (SPECIFY)			11 2 - 3-
A H O O O O	1	SIGNATURE HUSE	20 17	oughty	MORE	Milly N	MEDICAL EXAMINER	DATE SIGNEI	12-0 19
SEA SEA	1	N/	0/10	2660	1//		01	0	1 1 00
MAR CUT	1	(TYPE OR PRINT)	stop. PO	ONGGUEZ	ADDRES	550991	Cay purn	(Cour)	F. (comp) Try
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATTMORE, MA	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c, NAME OF CEA			LOCATION THE	10002	51 11 1
1705	(BURIA!	12-6-79	Md INTE	erN Cen	/ '	CHP/TONA	MAM COUNT	STATE STATE
DHMH-17 20M 1/73	24 F	UNERAL DIRECTOR	//	174.0110	(2)	, , , , , , , , , , , , , , , , , , , ,		REGISTRAR'S SI	
(VR A15 ME (5))	1	NAME	ADDRESS	1			6 1979	perfray.	Mechania
		A/AS 6150 0x	-N 11/1/ RC	1. OXON	1111, My	DEC	0 13/3		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) John Howard DEATH MATED & 12 24 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE 3:37 PRONOUNCED male black DEAD 7-8-1923 56 YRS P.M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) PrinceGeorge County Ga. DIVORCED WIDOWED . 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cheverly Prince George County Hospital Retired WITH FORM PM 3. RETAIN P. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE D.C. YES 5017 9th St. N.W. Wash. NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Unk. Unk. ADDRESS Wash. D.C. 17. INFORMANT IAL SOCIAL SECURITY NO. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) No 579-30-0868 Mable Buffert 5017 9th St. N.W. Gun: APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple Gun shot wounds unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES KX NO 216. TIME OF INJURY ESTIMATED IC. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR UNDERLYING OR found shot ? P.M. 12/24/1979 CONTRIBUTING CAUSE OF DEATH CITY OR TOWN Mitchellville 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) farm area NearLottsfordRd&LottsfordVistaRd, PrinceGeo.MD TO MEDICAL EXAMINER:
EXECUTE THE CETTIFICATE,
PAGE 4 SHOULD BE FOR,
TO FUNERAL DIRECTOR; BAFTER DEATH, WITH THE SI
BALLIMORE, MARYLAND, 21 AutopsyXX Inspection Inquiry L 22a. I certify that I took charge whe remains described above, held on ond in my opinion Homicide XX Undetermined monner death resulted from: Accident _____. TITLE (SPECIFY) 12/26/79 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto.,MD 21201 EXAMINER'S NAME TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cem, Suitland Burial Lincoon Mem. BP 24. FUNERAL DIRECTOR Johnson & Jenkins 716 Kennedy St. (VR A15 ME (5)) 15M 7/76

			C
venuely in the Secretary live			
		on a med safety	Ravea
2012 200 1		. And Charles	s (
			.10.1
J. HSP VIV. Small		tell-Merta	
	C	e and all classics	
	0 1111(
negative i Land 2 Victor and Michigan	e kesta meli		
rur same			
, see sees and			
The state of the s		Per Si. 1939 Mines	F # 1-11
0.887 8 9		Pec. 31, 1939, Mines	name bosine

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11 C., C. .-- !! כים ווחס: :1 10 010 :00 00 :: will all the bounding and the late of the the locality of the state of the living and the south of the 20. Salet NE inner til restant tendent bases and a constant bases are the second secon

16	I.I	tem 5 g	539 1/7/8	30 gj	DEPARTMENT OF	TE OF MARYL HEALTH AND		GIENE A	*9 1		0
	1-	STATE REGISTRAR		MI	DICAL EXAMI			DEATH Y	5 I	3 0	0
		CEASED NAM	E FIRST		MIDDLE	LAST		20. DATE KNOW		DAY YEAR	26. HOUR
7827	1111	E OK PRINTI	THOMAS	3	R.	JACKSON	I JR.	OF ESTI-	0 12	1 1979	M
THOU THE	3. SE	le		April 2	6. AGE (IN Y	EARS IF UNDER 1 Y	R. IF UNDER 24	HRS. 2c. DATE PRONOUNCED DEAD	nonth 12	1 79	श्र संस्था
53529	7s. B	RTHPLACE (S	TATE OR		VHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMORE C	TY OR COUN		
STATE OF STA		MARYLAN	D	UNITED	STATES	WIDOWED -	DIVORCED	Prince	George	e's Coun	ty MD
FACTOR REPORTS		inton	OF DEATH		SPITAL, NURSING HOM FACILITY GIVE STREET ADDRESS N Maryland		ITUTION 12	e. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK	OR INDUST	RY
그 마음이원	13a. S	TATE	136 COUNTY	Υ	130. CITY OR TOWN	13d INSI		e STREET ADDRESS	acoust.	TDD, OF	1313 (10 4
	I N	aryland	1 P.	G.	District		THER'S MAIDEN	1303 Karer	Blvd.		
DEATH. DEATH. SES 1, 2, M PM 3 AND 2 & VITAL		FIRST		MIDDLE	LAST		FIRST	MIDDLE	TO.	LAST	anty MD. BUSINESS JISTRY FEDUC. STATE STATE
2 4 4 4	16a. \	Thoma:	DEVER IN U.S. ARM	ED FORCES?	Jackson	5r. TYNO. 17. INFO	Mary	ADD	RESSD: c+	nnis	79 VEAR THOURTY OUNTY OF BUSINESS HUSTRY OF EDuc. High Md. AND AND DEATH OPSY? NONSET AND DEATH OPSY? NO STATE MARYLAND
S S T S S	()	ES, NO, OR UNKNO	OWN) (IF YES, GIVE W	AR OR DATES)	220-38-20	1.8 Mrs	Charit	y Jackson/W	11 fe/13	03 Karer	TATE
. 500		18. CAUSE C	F DEATH (Enter anly	ane cause per lin	ne far (a), (b), and (c).)			g vacatoony s	110,11	APPROXIMATI	E INTERVAL
ESTON ST., I HIN 24 HOU IN ITEM 18 R ALONG V SIT PERMIT. HYGIENE, D		PARTIDE	ATH WAS CAUSED	BY: N E CAUSE (a)	Multiple in;	juries				DETREEMONSE	TAND DEATH
	"	813	0	DUE TO, O	R AS A CONSEQUENCE	OF					
W. PREST ED WITHIN PENCIL IN AMINER A AMINER A E-TRANSIT REMOVA REMOVA		gave ri	ns, if any, which se to immediate	(b)							
UTED WITH N PENCIL I N PENCIL I EXAMINER RIAL-TRANS OR REMOV		lying cas	stating the <u>under</u> - use last.	DUE TO, O	R AS A CONSEQUENCE	OF				1000	
S, 301 W. PREST (ECUTED WITHIN S'' IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT ND MENTAL HY NO, OR REMOVAL	1	BADT 2 OTHER C	Chicicant conditions co	(c)	H BUT NOT RELATED TO THE TER						
A Z Z A Z Z	z	FARI Z OTHER S	ONIFICANT CONDITIONS CO	UNIKIBUTING TU ULAT	E SUI NOT RELATED TO THE TEN	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	(a).			
PENDI F MED FD AS FEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PERF	ORMED?			20. AUTOPSY	?
CHIEF / OF HE/	IFIC									YES X	NO []
F: THIS CERTIFICATE SHC FE. WRITING THE WORD SWARDED TO THE CH FAGE 3 SHOULD BE U STATE DEPARTMENT OF 21201 RRIOR TO BURIAL,	E E	21a. EXTERNA	AL CAUSE WAS	PP MP	FINJURY			ENTER NATURE OF INJURY IN IT		ART 2)	
THE THE THE	MEDICAL	CONTRIBUTI	GOR NG CAUSE OF DE	3:45	M. MANTH PAY YE	driver	of auto	/fixed obje	ct impa	act	
ING ING 3 SH DEPA	ED	21d. INJURY	OCCURRED	STREET EA	OF INJURY (AT HOME,	21f. LOCATION		CITY OF TOWN	CC	MINTY	STATE
WRIII WRIII ARE ARE ARE 101 P	2	AT WORK	NOT WHILE AT WORK	high		2600blk	of Ritc	hie- Upper	Marlbo	oro Mary	
FER: THIS CER ATE, WRITING FORWARDED DR: PAGE 3 HE STATE DEP D, 21201 PRIC				of the remains de	escribed above, held an	Autapsy XX	Inspection	, Inquiry ,	and in my ap	pinion	
AINE FICA FITH AND		death result		ol couses ,		uicide . Ho		Undetermined manner			
XAA SERT HID OIRE WITH			Morris	- A	41 1		E (SPECIFY)				
AL E. W.		ACTUAL SIGNATURE	MULLA	o Rh	2 sances	M.D. As	sistant	MEDICAL EXAMINER	SIGNI	12/2/79	
EDIC 1TE T 4 S NNER AORI		EXAMINER'S	NAME								
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:	-	(TYPE OR PRI	Mar Mar		. Korell, N			Penn Stree	t		
	730.B	URIAL, CREMA	TION, REMOVAL 231			METERY OR CREM		23d. LOCATION CITY OR TOWN	cou		
P	24. F	DUDTA UNERAL DIREC	TOR LIE	C.5,1979	MARYLA	ND NAT. C	250. DATE REC	LAUREL CD. BY REGISTRAR 256.	REGISTRARIS S		79 VEAR THOURTY OUNTY OF BUSINESS HUSTRY OF EDuc. WHOMAN AND DEATH OPSY? NONSET AND DEATH OPSY? STATE MARYLAND
HMH - 17 A15 ME (5))		NAME		ADDRES		DT M T		EC 6 19/9	Just	try Mass	goolg
30M 7/73	u	CMTTTT	FUNDART H	OPIE, INC	. 4339 HUNT	PL N.E.	0	200 1012			

A STATE OF THE PARTY OF THE PAR Tringo legr o's some Clinion serios es len pasibol The second state of the se The state of the s 12000CB- 1 nel a fort leng cent : ello if co. I C i grade and a comment

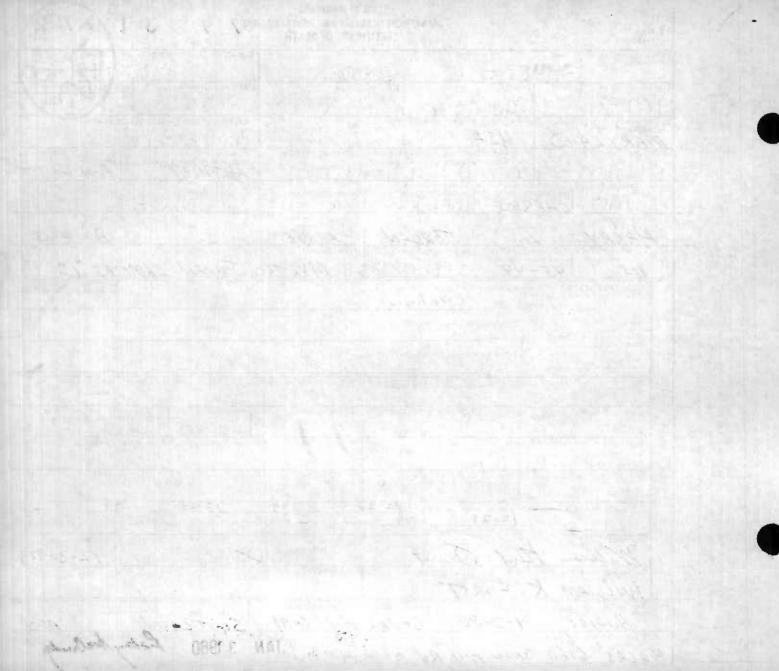
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOUNCED 2-10 DEAD To BIRTHPLACE ISTATE OR LTIMORE CITY OR COUNTY OF EVER MARRIED . OREIGN COUNTRYL New York U.S.A. Retired U.S. Navv Prince Georges 4415 Ockford Lane Bowie YES K 4 FATHER'S NAME MIDDLE John Bodlev (unknown) Johnson 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS Bowie Beulah Johnson, 4415 Ockford La., Maryland 77-52-7309 yes 18 CAUSE OF DEATH (Enter only one couse feet line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ochrohe andworksacher DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES BURI 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC.1 CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Notural couses Homicide . deoth resulted from: Accident Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez M.D. 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery Ft. Myer, Virginia 24. FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Robert G. Beall Funeral Home 9013 Annapolis Road, Lanham, Maryland (VR A15 ME (5)) 15M 7/76

Ministration of the Comment of the State of the Comment of the Com p. sp worked to promote the street to the street to THE PERSON NAMED IN COLUMN TO SHARE THE PERSON NAMED IN COLUMN TO STORE INC. and the contract of the store of the contract of th CANADA SELECTION OF THE PROPERTY OF THE PARTY OF THE PART

	. +	2001 20	1301	zdiál		s.tomat
				101		FORMAGILVAN
n La	in reun'					
tenan Pud. 2001	0.110		10 11 V;	Rest	This Ren	hannak
0000	SULLA		ni ta			James
5707 Mana Madda Ta Comp. Springs. Mr.	oknaon	A Armyl	2518-70	-233		
						SO MICH
ל ביי ביי ביי ביי ביי ביי ביי ביי ביי בי	aratis No.	undamo 3	: 4-107	9141,01-	7	Initial
San	781 a.s. oar	1	on revino	11300		Adonlast 1002

1		V.	Correct it	em 18	a G538	12/28 DEPART	79 STATI	E OF MARY	'LAND D MENTAL H	TYGIENE	6"	-9	100	7	1
7).	. W	1-	REGISTRAR		ME				IFICATE C		RE	G. NO.	2	/	
	1		CEASED NAME	FIRST		WIDDLE	112,111	LAST		2o. [DATE KNOW	/N ELMON	ITH DAY	YEAR	Zb. HOUP
	LEASE CTOR FILES. IOURS TREET,		2 SA / KINTI	THEO	DORE	R.		J	OHNSON	D	OF ESTI-	D 🗆 12	2 09	1979	5:13
•	PLEASE DIRECTOR DI FILES 72 HOURS	3 SEX	Tale Bi	lack	5. DATE OF BIRTH	YEAR 13	6 AGE (IN YEAR LAST BIRTHDAY)	MONTHS DA			DATE NOUNCED DEAD	MON!	H , DAY	YEAR 1974	2d. HOUR
	35	FC	RTHPLACE (STATE OR IREIGN COUNTRY) aryland			S.A.	100	WIDOWED [NEVER MARR	IED L	INCE G			DEATH	117
	PAGE STAN		TY OR TOWN OF DE	ATH	II. NAME OF HO	SPITAL, NUI ACILITY, GIVE S' LAUR	RSING HOME, (REET ADDRESS) EL BELT	OR OTHER INS	HOSPITA	12a USUAL	OCCUPATION	TYPE OF WO	RK 12b K	R INDUST	RY
21201	ANY D AND 3 RETAIN HOULD	113a S	TATE TYLAND	134 COUN	R OTHER INSTITUTION, O	13c. CITY	BEFORE ADMISSION OR TOWN timore	1) lisa in	ISIDE CITY LIMITS?	13e. STREET		ski S			
MD.	RM PM 3. RM PM 3. AND 2 S		James		MIDDLE	Jo	hnson	15. M	OTHER'S MAID FIRST Eliza		MIDDLE		Wh	itti	ingto
BALTIMORE,	B. GIVE PAGE B. GIVE PAGE WITH PORM I. PAGES 1 AND DIVISION OF	(Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) YES	WWI.I	WAR OR DATES)	212	-07-36	97 Mr	FORMANT S. Cha		e John	nson	24.	Stre	eet
	24 HOURS		18 CAUSE OF DEA PART I DEATH V	AND CHUSEL	y ane cause per tin D BY:		and (c) Ru	otured	aortic	aneury	sm			PPROXIMATE WEEN ONSE	E INTERVAL T AND DEATH
W. PRESTON ST.,	D WITHIN I		Canditians, if gave rise to cause (a) statin	any, which immediate g the <u>under</u> -	(b)		SEQUENCE OF								
ORDS, 301	IOULD BE EXECUTED "PENDING" IN PHIEF MEDICAL EXAUSED AS A BURIAL PHEALTH AND MEDICAL CREMATION. OR	Z	lying cause last		(c)CONTRIBUTING TO OEATH	BUT NOT RELA	TEO TO THE TERMINA	AL DISEASE OR COI	NOITION GIVEN IN PA	RT 1 (a).					
TAL REC	CHIEF MICHER MICH MICHER MICHER MICHER MICHER MICHER MICHER MICHER MICHER MICH	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR V	WHICH OPERA	TION WAS PEI	RFORMED?					AUTOPSY?	мо П
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHORTING THE WORD RDED TO THE CHES SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	CAL CERT	210. EXTERNAL CALL UNDERLYING CONTRIBUTING		21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	D LENTER NATUR	E OF INJURY IN IT	EM 18 PART I OF		123 0	NO L
DIVISI	R: THIS CERT TE, WRITING DRWARDED PROGRADED PROGRADED STATE DEP	MEDICAL	21d. INJURY OCCUP WHILE NOT AT WORK AT V	RED WHILE C		OF INJURY TORY, FARM, ET		21f. LOCATIO STREET	N	CIT	Y OR TOWN		COUNTY		STATE
				I taak charg	e af the remains de	scribed abo	ve, held an	Autapsy C	nspectia		equiry .	and in my	opinian		
•	AL EXAMINE HE CERTIFICA HOULD BE FOR AL DIRECTOR TH, WITH THE THE WARYLAND		ACTUAL SIGNATURE	Hugu	10 8	Kill	free	_	LE (SPECIFY)	MEDICAL	EXAMINER	DA' SIG	TE SNED	2-10	-79
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME (TYPE OR PRINT)	Augus	sto P. Ro				ss <u> 5009</u>	Raybur	n Ort.	Camp	Spri	ngs,)031 Md-2
	BATPET	23a.B	Burial Burial				IAME OF CEME			23d. LOCAT	imore		ounty	Şī	STA
1504	BP		JNERAL DIRECTOR		12-16-7	9 Ce	dar H	LII Ce	metery	REC'D. BY REG	IMOTE	Coun	LV	lary.	Land
	DHMH - 17 (VR A15 ME(5))		Herbert	E M	ADDRES	025 5	7 Mond	- h 7	DEC		79	Roppy	Mest	ready	

	A Value of the State of the Sta			
BEIMINE COM				142 114
	128			
				District Control
		Tolk Boar		
	estolar			
		September 1	Alban	



Kalas 6160 Oxon Hill Rd. Oxon Hill. Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

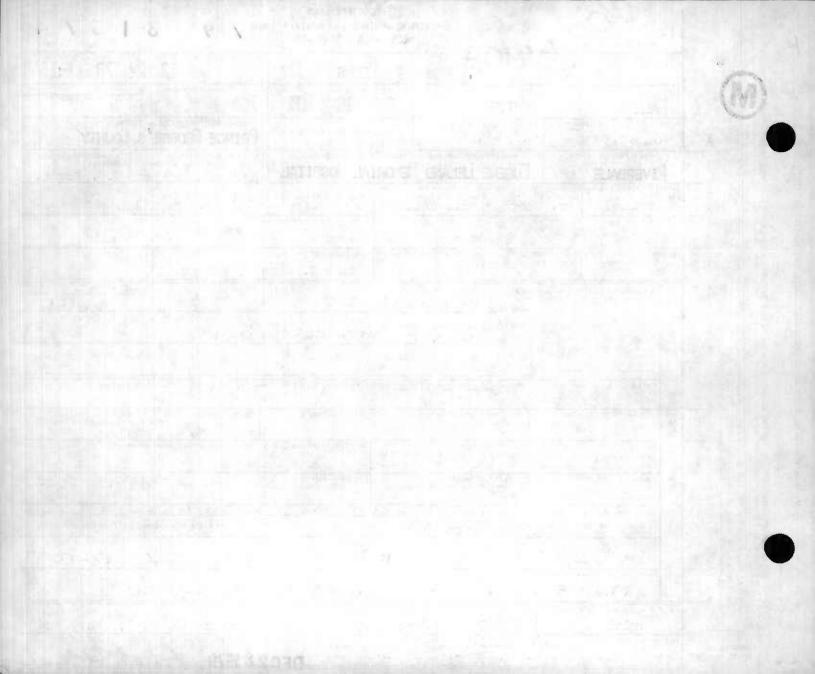
FOR

- STATE

(VRA 15, 4) 1/79

12-21-79 DOROTHY . .our= PRINCE SEORGE'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Retired r. co. irrale illi e on Euric Fone 197 -03-1975 mas Harton 1990 Faries 7 d. -on 47 negli 12/2/7 t. includence inentrod and the state of C you like you will be a state of the st

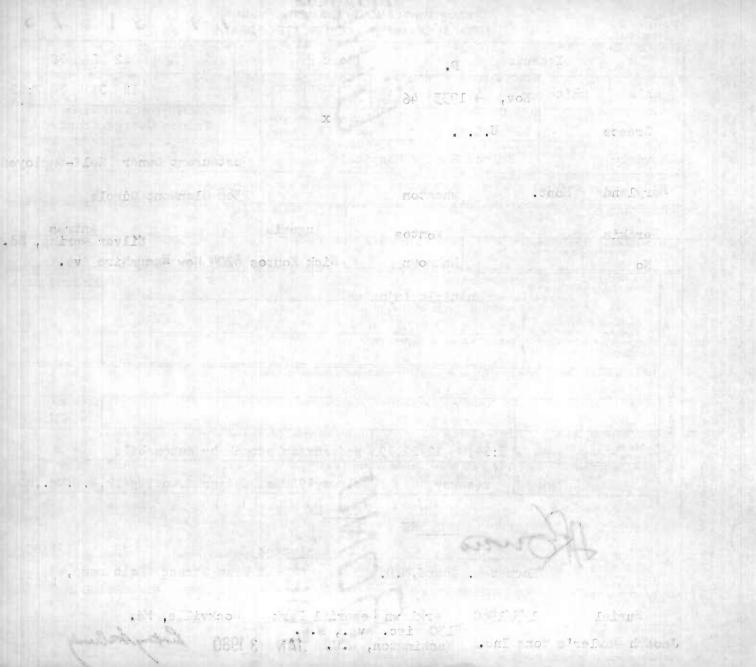
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH ITYPE OR PRINT) KERNS AVNER 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Udulh HOURS DAYS WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY WIDOWED DIVORCED Virginia CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KIVERDALE Agricul. ResearchU.S. Gov't. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 136 COUNTY 4721 Powder Mill Road 13d. INSIDE CITY LIMITS? Pr. Georges Beltsville Maryland YES NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Kerns Mary Bettis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-40-8512 Anna S. Kerns (Same as #13) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY HYPERCALCEMIA WEE IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF ISCEMINATED CARCINOMA Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a FICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES | NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNT STATE AT WORK DECEMBER 10 10 DECEMBER 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceosed olive on RECTIFE 20 19 74 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED m. D. ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINTS 22s ADDRESS MAURIE MARKMAN JATIBOOH JAIRONSM CHANS) 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE Burial 12-24-79 Fort Lincoln Cemetery Brentwood, P. G., Maryland 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79 DEC 2 8 1979 11800 New Hampshire Ave., Silver Spring, Md.



1						STAT	OF MARYLAND					
	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENT		7 9 REG. NO	D.	3 1	5 7
-17,7		EASED NAME	FIRST		MIDDLE		AST	2a. D	ATE OF DEATH	MONTH I	DAY YEAR	26. HOL
- 97	11	,m ratiot)	GLADY:	S	v.	KIN	INER	1.50		12-0	1-1979	5.0
	3 SEX		1	4 RACE		5 DATE (6. AG	E (IN YEARS LAST BIRT		IF UNDER I YEAR	
once.	F	emale		Whi	te	5-	26-1904			75 YRS.		HOURS
at o		THPLACE (STATE OF	R FOREIGN 7	L CITIZEN O	F WHAT COUN	TRY?	D NEVER MARR	PED P BA	LTIMORE CITY O	RCOUNTY	OF DEATH	
P47		sh., D.	C.	U.S.	Α.	WIDOW			INCE GEO	RGE'S	COUNTY	4
t pe not	IO CIT	Y OR TOWN OF D		(IF NOT IN SI	UCH FACILITY, GIVE	STREET ADDRESS)	RAL HOSPI	(TYPE	SUAL OCCUPATION WORK FOR MOST OF	F WORKING LIF	12b. KIND	1
must	ÜSÜA	L RESIDENCE (IF N	URSING HOME OR (OTHER INSTITUTIO	N, GIVE RESIDENCE	BEFORE ADMISSION)				001 1	queme	. 1
125°	13a S1	Md.	Pr. G		13c CITY OR	Marlb	131 INSIDE CITY LI		1201 -	Monm	o I o ba	Davis
Same	14 FA	THER'S NAME	111.0	eu.	lopper	Martu	15. MOTHER'S MA		201 -	herry	dare	DLT
(a)		FIRST		NODLE	LAS		FIRST		MIDDIE		-	AST
Selica Co	17. 34	Joh		R.	Venni	SECURITY NO.	Mai	У	B.	SS C	Delan	
the m		ES, NO OR UNKNOWN]		WAR OR DATES				7/:	,	, =	Same A	S
		No		-	204-9	0-7581	Jack P	A. Kinn	er (So	1) A	bove	XIMATE INT
matic e		PART I. DEATH	WAS CAUSED	E CAUSE (a)c./hloc	n /19	(B) Ihy	du	e lo	abol	00	
trau		2029		DUE TO,	OR AS A CONS	SEQUENCE OF	Jenera	er jeu	, vocal c	مي ارد	1 10	
other		Canditions, if a	immediate	(b)_			ea.	Bow	Marre	~	0 .	
0		couse (a), sta		DUE TO.	OR AS A CONS	SEQUENCE OF	Derice		Avamie	Heal	ELDi.	
njury,		DARK 2 OTHER S	CAUE ICANIT C	(c)_	CONTRIBUTION	TO DEATH BUT	NOT RELATED TO	THE TERMINIAL F	USE ASE OR CON	DITION GIV	EN IN PART 1	101
×	Z	PART 2 OTTLER ST	OITH CANT C	ON ON ON O	CONTRIBUTION	STO OLAIN	NOT KEEKIED TO	THE TENNION PACE	NOT AGE ON CO.	0		
vs an	¥	19a DATE OF OPER	RATION	19b CON	DITION FOR W	HICH OPERATIO	N WAS PERFORME	D 200	AUTOPSY?	20b. IF YES	S, WERE FIND	INGS USE
shows	꾩			1				YF	S NO		YING CAUSE	S OF DEA
<u></u>	CERTIFICATION	210. ACCIDENT WAS I	UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY					
or Item		OR CONTRIBUTING	CAUSE OF DEAT			DAY YEAR						
	MEDICAL	(IF EITHER, NOTIFY ME			P.M. E OF INJURY	19	211 LOCATION					
marked	ME	WHILE I NOT	WHILE		STREET, PACTORY, C	OFFICE, FARM, ETC)	STREET		CITY OR TO	MM	COUNTY .	
E S		AT WORK	WORK	ali athanuta d	the Assessed I	10/	3//	.75 .	12/1		1979	, that (I)
21		22a.1 certify That	cosed alive on a little of the			~ /	nd that in (my) (our) apinion death	occurred on the d	ate and hou	. ,	
If Item		175 SIGNATURE	(did) (did of)	views he boo	dylatter death.		DEGREE		/			E SIGNE
	1	THE STORE TORE	- 6			un	ATTEN		DICAL STA	FF _	12	121
Z	0	PART BUNGSIANUS	value	2				SICIAN DIRE	CTOR PHYSIC	IAN	/	
MPORTANT		274 PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS					
NPO I												
=	230 B	URIAL, CREMATIO	N, REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR CREM	AATORY 23	LOCATION CITY OR TOWN		COUNTY	s
												44
_	E	Burial UNERAL DIRECTOR		12-4	-79	Ft. L	incoln (Cem.	Brentw D. BY REGISTRAR	ood	Pr.Ge	0. 1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN DEXMONTH (TYPE OR PRINT) OF ESTI-Ioannis 31,0 Kontos 12 P. 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c. DATE PRONOUNCED male white Nov. 1933 46 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED MINEVER MARRIED FOREIGN COUNTRY) Prince George County U.S.A. Greece DIVORCED B. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Restaurant Owner Prince George Hospital Cheverly Self-Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 Maryland Wheaton 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS 13P COUNTA 2388 Glenmont Circle NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Antras Eugenia Perakis Kontos ADDRESS Silver Spring, Md. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Nick Kontas 8204 New Hampshire Ate. Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6 IFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES XX NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MEDICAL pedestrian struck by automobile CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED roadway Beltway495WestOfRiggsRd, CollegePk, P. G. Co., MD AT WORK AT WORK XX Inspection Autopsy L 220. I certify that I took any of the remains described above, held an Inquiry Accident XX Suicide ... Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL 1/1/80 Assistant MEDICAL EXAMINER SIGNATURE_ SIGNED Baltimore, MD 21201 Hormez R. Guard, M.D. 111 Penn Street TO FUNE EXAMINER'S NAME TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Parklawn Memorial Park Rockville. Md. 24. FUNERAL DIRECTOR 5130 Wisc. Ave. N. W. DATE REC'D. BY REGISTRAN DHMH-17 Jaoeph Gawler's Sons Incomes VR A15 ME (5)) 3 1980 Washington. D.C. 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20 DATE KNOWN I STREET, CHANNEL ESTI-DEATH MATED DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH rermanu DIVORCED TAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS arine maineer Linden Lane, Bowie, Md. 15. MOTHER'S MAIDEN NAME MIDDLE AHDDLE Kuhne Dassler arl 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) 215-09-8121 Mrs. Anna B. Kuhne, Same as above 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH selecte Cardeo Vosator desease PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CERTIFICATION M DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, E DEPARTAENT OF PRIOR TO PLATE YES -NO -210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I took charge of the remains a tribed above, held an and in my apinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 AFTE BAI 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Baltimore. edar Hill Entombment Dec. 4. emeteru - . Haruland 256 PEGISTRAR'S 24. FUNERAL DIRECTOR **DHMH-17** Funeral Home, 237 Press. Patapsco (VR A15 ME (5)) 15M 7/76

LEAD FRANCISCO CHENE LES distributed which Start for the start of the star Alexander of the second the section of the state of the section of the section of The Design of the Control of the Con West the mires man a some with which and the manifestal the some with and the same of the same to be added The state of the s

Mar Million . The Control of and adjusted that a region is

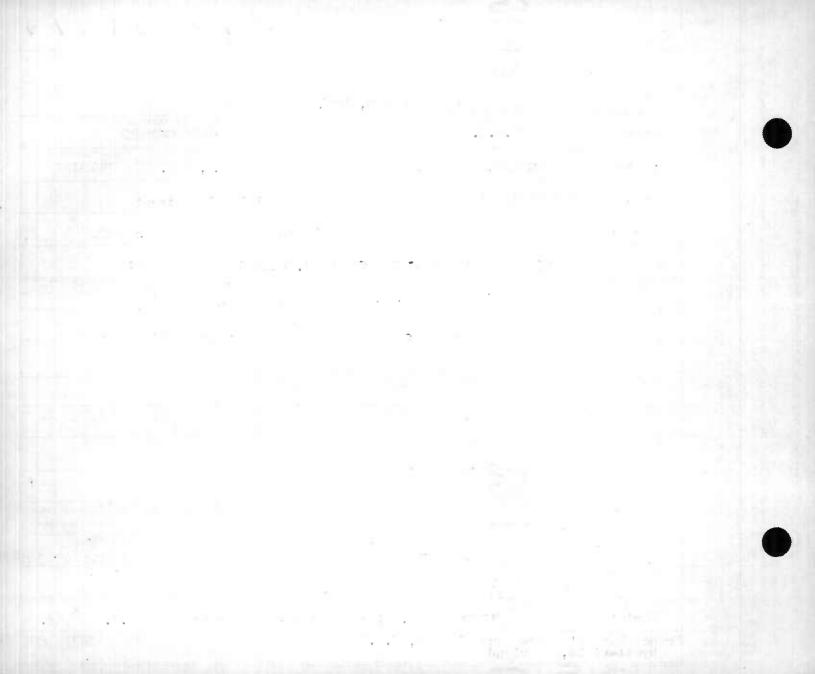
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

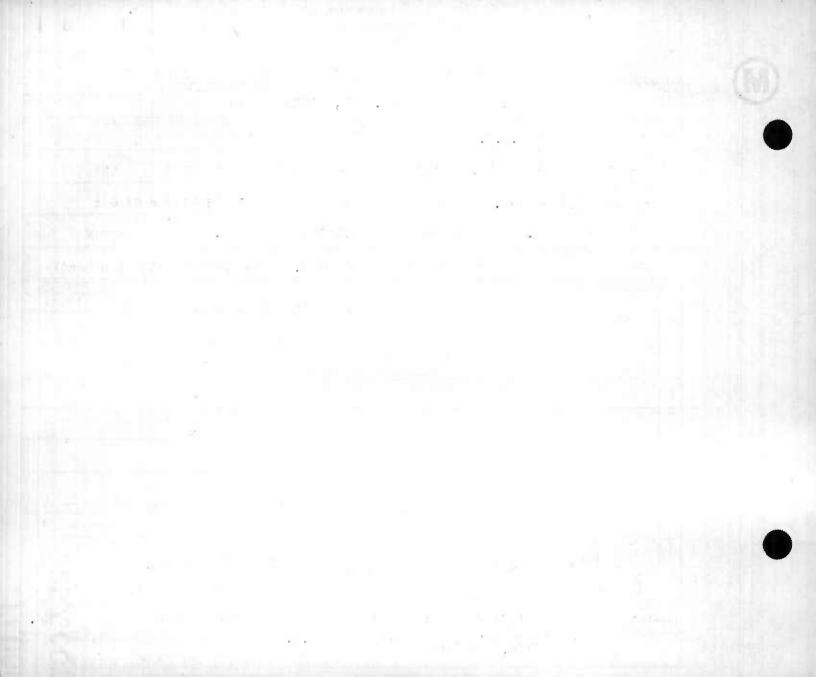
Hyattsville, Maryland

(VRA 15, 4) 7/78

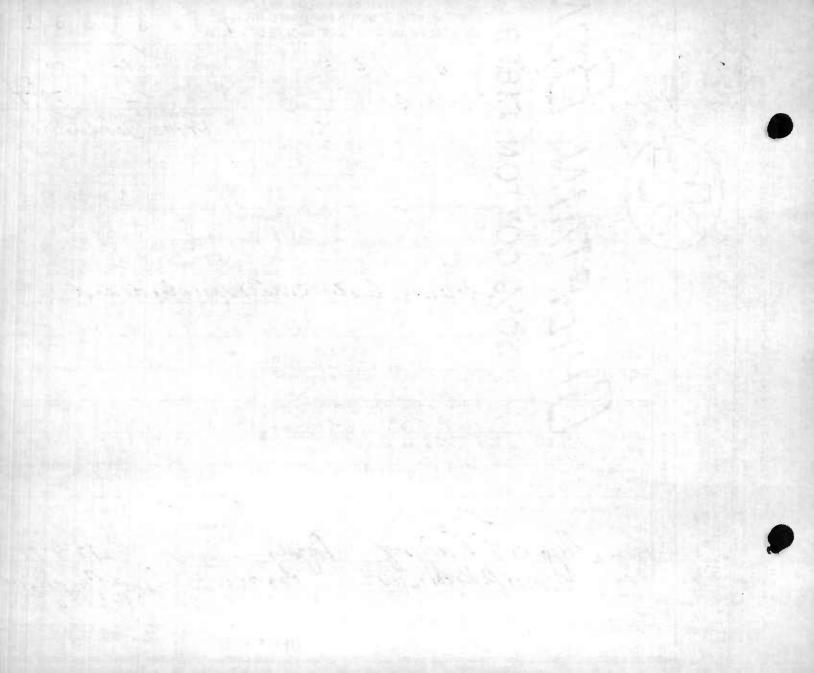


11					STA	TE OF MARYLAND			
4			1-	STATE REGISTRAR 11 K 4.		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	3 1 2	8 0
	M			CEASED NAME FIRST OR PRINT)	KATHKYN	-ANCaster	2e DATE OF DEATH	12/12/79	12 4 M
	0	e.	3. SE	Female	RACE S. DATI	OF BIRTH OAY OAY OAY OAY OAY OAY OAY OA	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	ath, Pag ral dire 2 hours	o at ou	7a. BI	RTHPLACE (STATE OR FOREIGN 76 (DUNTRY)	CITIZEN OF WHAT COUNTRY?	IED X NEVERMARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
	s after the function ?	De notifi	10. CI	MShington D.C. TYORTOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME (IF, NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION OF PORTION OF THE PRINCE OF MOST OF THE PRINCE OF THE PRINCE OF THE PORTION		OF BUSINESS OR
21201	n by Filed	d 70	USU	AL RESIDENCE (IF NURSING HOME OR OTH TATE 1136 COUNTY	Regency Nurs	ing Home	House	wite	
LAND	within 24 I tely filled i should be	3.5		THER'S NAME	AMP SPRING	13d INSIDE CITY LIMITS? YES NO 1	1902 GE	ESTCHESTE	e Covet
MARI		medical e	,	John f. MDD	ALLUNO	Catherin	MIDDLE	JOMMER!	AST S
MORE	be e and	the		VAS DECEASED EVER IN U.S. ARMEE ES, NO ONUNKNOWN] IF YES, GIVE WAI		EVELUD DEAD	ley Days h	ter Same	ds dbour
DS, 201 W. PRESTON ST.	requires that the arts a signed by the attent please remove to burial, cremating	y injury, or other traumatic event,	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (c) (d) (d) (d) (d) (d) (d) (d)	TINOT RELATED TO THE TERM	MALL DISEASE OR CONI	DITION GIVEN IN PART I	l(o)
L RECORD	6 9 0	shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
2 OF VITA	nding physician. fter this certificate has be burial-transit permit. and Mental Hygiene pr	or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15				
DIVISION OF	DING Pertending After the sthe burth and M	marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	hospital or at DIRECTOR: hed for use at Dept. of Healing	If Item 21 is		22a.1 certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (did nat) vi 22b. SIGNATURE	12/2/79 19	and that in (my) (bur) apinion of		22¢. DAT	that (I) (we) last be causes stated
	TO HOSPITAL UP retained by the hos TO FUNERAL DIF should be detached with the State Dept	MPORTANT:		224 PHYSICIAN'S NAME TYPE OF PRI	Macleus	ATTENDING PHYSICIAN [] 224 ADDRESS	MEDICAL STAF		12/79.
120	BP	-	(:	BURIAL	13. DATE 23 NAME OF	CEMETERY OR CREMATORY	23d LOCATION CHORTOWN	ud P.G.	Md.
	DHMH-16 2 (VRA 15, 4)		24 F.	UNERAL HOME	Rd. SUITLAND	Suitland 250 DAT	C 1 7 1979	256. REGISTRAR'S SIGNA	TURE /

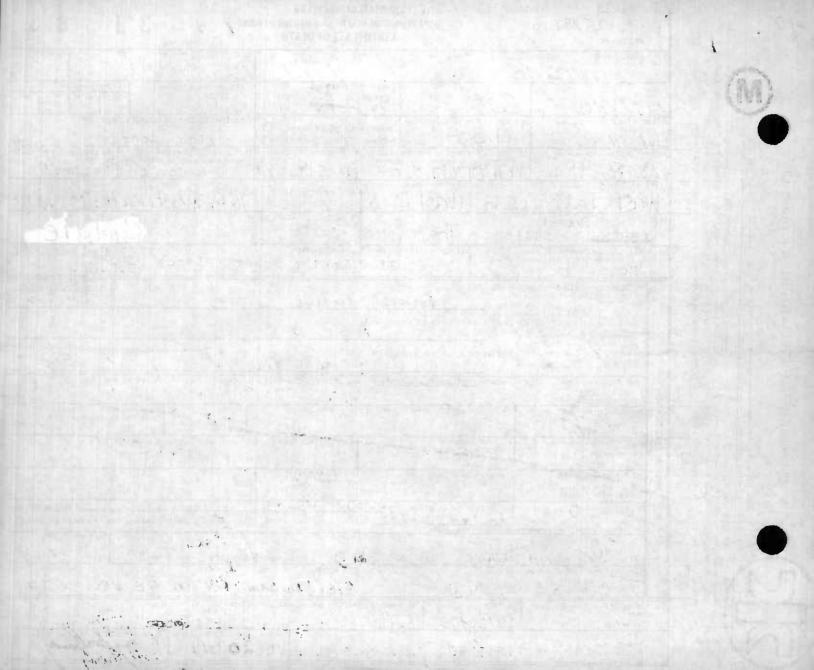
		. N.T. (1)	-		
		0	~		
Housewife		. #			
GOR WESTCHESTER Co	icungs Carther	Ocerson	.29 1	.bm unlat	
enplay, Daughter Same Ach					
THE PERMIT	The section				
		Section D			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN E 2a. DATE 2b. HOUR (TYPE OR PRINT) ESTI-Colward DEATH MATED 10 1979 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH VEVER MARRIED Maryland USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George General Hospital OR INDUSTRY Self Parking Management Cheverly 3. RETAIN P. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George 11342 Cherry Hill Rd. 13d INSIDE CITY LIMITS? Maryland YES A NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 LAST MIDDLE Henry Julius Lauer AND Heindreich Amelia 17 INFORMANT 11342RECherry Hill Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (IF YES, GIVE WAR OR DATES 577-18-2853 Dorothy L. Lauer Beltsville, Maryland No 18. CAUSE OF DEATH (Enter only one couse per lig# for (a), (b), and (c).) MEDICAL EXAMINER ALONG YES AS A BURIAL-TRANSIT PERMIT. The Carded Vascalor decen DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. PART I DEATH WAS CAUSED BY. MENTAL HYGIENE IMMEDIATE CAUSE (d DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. USED AS A BUR PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? OF PRIOR TO BURIAL. THE C YES [] NO DEPARTMENT 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211. LOCATION STRFET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE SHITIMORE, MARYLAND, 21 27a. I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from: Homicide Natural coures Accident Suicide Undetermined monner (SPECIE! MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation Lee's Crematory Dec. 4. 79 Washington, D.C. 250. DATE REC'D. BY REGISTRAR 250 REGISTRARE SIGNATURE DHMH-17 20M 1/73 24. FUNERAL DIRECTOR Hines/RinaldiessFuneral Home (VR A15 ME (5)) 11800 New Hampshire Ave. Silver Spring, Md.



10	ten	#5≪ per phone call w/Fun. Homstate of Maryland FOR 1/8/80 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3 1 5 8 3
70	1 -	STATE REGISTRAR CERTIFICATE OF DEATH
	1. DEC	TEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 7:30 M
(M)	3. SEX	4 RACE S. DATE OF BIRTPET ST. ACCE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HAS MONTH PAST YEAR
A Poor	7a BII	RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED DEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
fred of one of o	10 G1	WIDOWED D DIVORCED Prince George MD. TYOR TOWN OF DEATH WIND IN SUCH FACILITY, GIVE STREET ADDRESS! WIDOWED D DIVORCED Prince George MD. 120 USUAL OCCUPATION 121 KIND OF BUSINESS OR 1 1 TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1201 Durs offi	110	L RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
LAND 21:	130 5	ash. D. d. S. A Washingtones IV no 11 16 6 Montague St. N. W
E, MARYL completely 1 and 2 s		THER'S NAME Robert MIDDLE JUST Julia MOTHER'S MAIDEN NAME Loudon Dillon Tengry Julia Carlisle
BALTIMORE, MARYLAND 2120) cate be executed within 24 hours in yisician and campletely filled in by apers. Pages 1 and 2 should be filled in the medical examiner must be no fit, the medical examiner must be no		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO! 17 INFORMANT ADDRESS 2709 Weller Rd. Social Security No. 18 Informant Ses, No. 18 Information Ses
ST., BALT rificate to physical on papers emaval. event, the		18 CAUSE OF DEATH Enter anly one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEAST SALLER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWE
death ce attending nave carb		Conditions, it any, which Due to, OR AS A CONSEQUENCE OF A S H D.
W. PRE and the transfer tran		gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Scale Life.
DS, 201 quires th signed to hen pleo to burial	Z C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Catendring physicion. Attention of physicion. After this certificate has been signed by the attending phastic that be burial transit permit. Then please remawe carbonp to she burial-transit permit. Then please remawe carbonp hand Memal Hygiene prior to burial, cremation, or remarked or them 18 shows any injury, or other traumatic even	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
N OF VITAL SICIAN: The ng physicio certificate h rinel-transit t tental Hygies them 18 sha		21à. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
VISION OF G PHYSICIA cer this certif s the buriol-t and Mentol ked or frem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 211. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
O O O E		22a.1 certify that (1) (this haspital) attended the deceased fram 9 2 2 2 19 79, to 12-16-79, 19, that (1) (we) last saw the deceased alive an 12-16-19 19 79, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death.
At OR ATTEN y the hospital y the bospital detached for us to be be of the		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MIDIRECTOR PHYSICIAN 1/2-18-79
HOSPII Inned b Ind be ORTAN		720 PHYSICIAN'S NAME (TYPE OR PRINT) 7. CARRENO, MI) 6101 New Harups hare are WE Wash. Dr. 20011
of of space of the	23a. B	URIAL, CREMATION, REMOVAL 23b. DATE 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP		Burial 12/20/79 Columbia Gardens Arlington Va
DHMH-16 50M 7/77 (VR A 15 (4))	H	ings/Rinaldi F.H.11800 N.H.Ave.S.S.Md DEC20 19/9



The Assert that the second - 135 cm

	d you	pode 14
	F	A distant
1201	ours after dea	n by the tune
ARYLAND 2	within 24 ho	pletely filled nd 2 should b
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after draft. The described by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the the tensor and should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled.
STON ST., BJ	leath certifical	ttending physive carbonpop
201 W. PRE	res that the d	ined by the o
AL RECORDS	he law requi	hos been sig
JON OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	this certificate burial-transi
DIVIS	ATTENDING P	CTOR: After t
	SPITAL OR A	NERAL DIRE
	TO HO	TO FU

				STATE OF MARYLAND			
	1.	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY	GIENE 7 9	3 5 8 5	
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
A 80		Rob	ert B.	Long	12/0	2/19 129	M
Common of the co	3. SE	X	4 RACE	5. DATE OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN	
100		MALE	White	08 29 30	49	YRS DAYS HOURS MIN	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
11111111		shington, DC	USA	WIDOWED DIVORCED	PRINCE	Georges Co. A	MD.
1 11 100		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	N IZE. KIND OF BUSINESS C)R
李 註 整子		AUREL	GREATER LAW	10 11 -11-11		od Employee	
Hour hour	13a S	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N _) 1136. INSIDE CITY LIMITS?	113e STREET ADDRESS		
filled ould b		MP Anne A	Arundel ODEN		109 109 .	Rlington Dr.	
2 sh	14. FA	THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	ME		
ond w		John I	Lone	7	B. T	Vallandingham	
S - S O		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	DIOCI		vienna, va.	
be exected to a second to a se		No	578-38	-9484 Francis A.	Long, 171	8 Larkmead Dr.	
a 0 a - ±		18. CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (b), an		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н
4 3 3 4		PART I. DEATH WAS CAUSED	D BY: E CAUSE (a)	cavalorespirate	my arrest	4 minute	
nding p corbon		1889	DUE TO, OR AS A CONSEQUE	ENCE OF Bladder Car			
ne deoth cree offendin emove cork motion, or r froumotic		Conditions, if any, which	(b)	Drauden, Can	Cinomi	6 months	
the cemore remover the cemore removed the cemore re		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		•	
that the d by the lease ren ial, crem	-3	underlying couse last.	(21 - 6 - 45 1 1 6		
v () 0 -		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
require en signi Then p or to bu	CERTIFICATION						
s been string. I sprior	Q.	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
YSICIAN: The la ding physicion. Is certificate has burial-transit per Mental Hygiene g Americal Hygiene g or them 18 shaws.	RTIF				YES NO	YES NO	
PHYSICIAN: The ending physicion this certificate he buriol-transit p ad Mental Hygien down dor them 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 116. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 16, PART 1 OR PART 2)	
SICIA ing pl certif virial-t	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
G PHYSIC offereding offered ond Mental ked or Her	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY-OR TOW	N COUNTY STATE	
ING PHY r ottendi After this os the bu th and M		AT WORK AT WORK				- 2	
TENDI ital or OR: A or use or use or use or use		220.1 certify that (1) (this haspit	al) attended the deceased from_	79	, to 12-	2 19 79, that (I) (we) lo	ost
F & C + O K		above, (1) (we) (did) (did nat	view the bady after death.		death accurred on the da	te and haur and Irom the causes stated	
OR OR Che Dep		27b. SIGNATURE	() n -n	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED	
1 + 1 to to		patition (,	selound in	D . PHYSICIAN [DIRECTOR PHYSIC	IAN	
HOSPITAL ned by the FUNERAL old be determined for the State		22d PHYSICIAN'S NAME (TYPE OF	Selouicu, M.	220. ADDRESS	30	and Omenica	,
TO HOSPITAL retoined by the TO FUNERAL should be der with the Stote MPORTANT:		STUANT E.		7,400	pual -so	and mayerin	
75 - 2 - 2	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	STATE STATE	
BP		Burial		t. Lincoln Cem.		d, P.G., Md.	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	UNERAL DIRECTOR	4308 Juitea	nd sa 1250. DAI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	_
(VKM 13 (4))	de	Ilkeln 7	uneral Home	Mulland Ylld	DEC 6 19	19 perganginous	7

The Annual Control of the State The state of the s

A to the text

The same of the same

home beigning beiled (dityent for not somet made) (glassed) book eleptorist in a x a coldinary portrait pages (and good for the coldinary) attempts (and good for the coldinary) attempts (and good for the coldinary) and good for the coldinary of the coldinary of

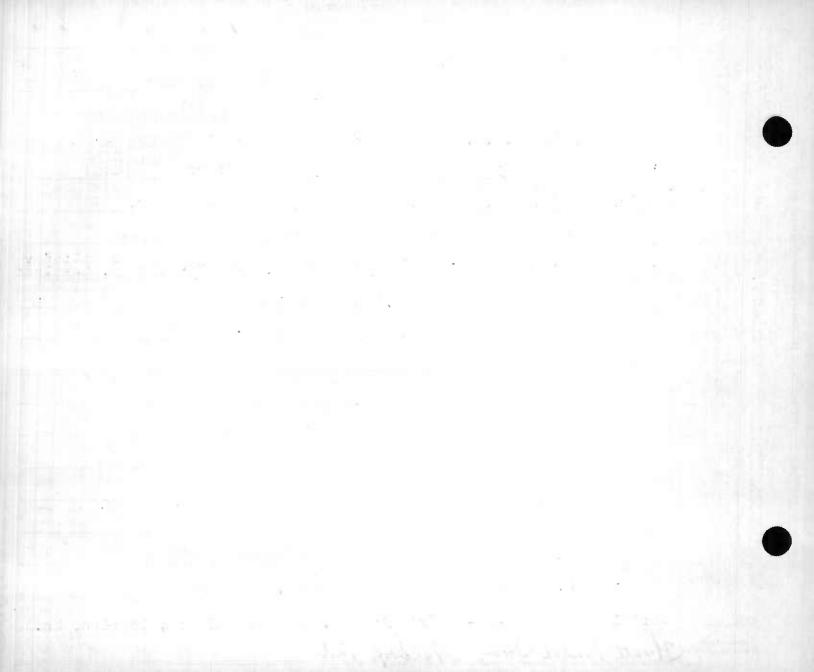
Well at the transfer of the state of the sta

PRANTINGES AFTER

The state of the s

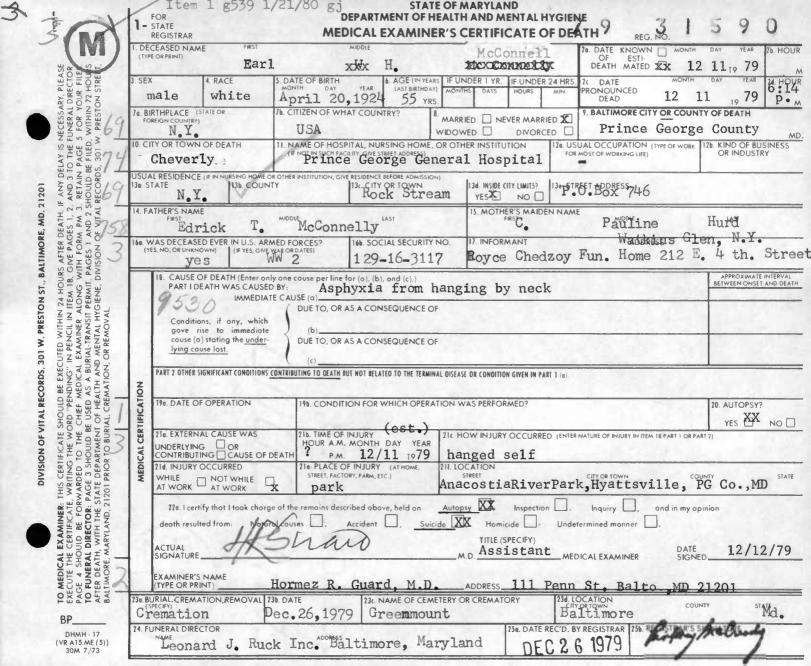
bu been states of the

Additional of the control of the con The death Function Made Telephone, Va. 1480 1480 Telephone



/_						ST	ATE OF A	MARYLAND					•
1.5			OR		D	EPARTMENT O	FHEALTH	HAND MENTAL	HYGIENE	2	1 3	: 8	9
	16		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.	1 ~	, 0	1
			EASED NAME FIRS			WIDDLE		LAST	Zo. DATE	KNOWN IN	AONIH DAY	YEAR	26 HOUR
		TYPI	OR PRINT)		40.00	MAI		1	OF	ESTI-	en ale	70	MA
PLEASE ECTOR FILES		2 651	Lvonne		. OF DIDTH	6. AGE (IN	FILIV			/	ONTH DAY	19	M
, PLE IRECT		3 SEX	4. RACE	MONT	E OF BIRTH	YEAR LAST BIRT			R 24 HRS 2c. DAT		-0	Ma	1534
	56	TP	male While	8-	2 3	5 44	YRS.		DEA	D	27	19 14	AM
SSAR RAI D	Po.		REIGN COUNTRY)	7b. CIT	IZEN OF WHA	AT COUNTRY?	8. MARR	IED PONEVER MAR	RIED 9. BATTI	MORE CITY OF	OUNTY OF	DEATH	
NECE S FO	800		Texas		USF		WIDOV		Little	2000 17	engen	3	AAD
Z E Z	9		Y OR TOWN OF DEATH	MANA	ME OF HOSE	TAL, NURSING HO	ME, OR OTH	HER INSTITUTION		UPATION TYPE OF	WORK 126. K	IND OF BU	SINESS
A H O T S	3 74	1	ovod hu	ON Z	not in such fact	ILITY, GIVE STREET ADORES	557	f Alara Co.	Bus D	PRKING LIFE)	P.C	OR INDUSTR	ounty
N N N N N N N N N N N N N N N N N N N	3	LISITA	L RESIDENCE () IN NURSING HO	THE DE OTHER			ISSIDAL POCT	1) osp (M	A Pas B	LIVEL		, 00	, arreg
201 ANY DI AND 3 I	520	13a S	ATE I IN CO	NUMBER		13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET ADDE	ESS			
AND AND RETA	100	ToT	aryland	Pr Ge	90	Distric	t Hts	YES X NO	6710	Halleck	Stre	eet	
MD. 2 ATH. 1 2 1, 2. PM 3.	4	14 FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
· 111 (1) - 7 ·	160		Willie		4.	Zack	aru	1	iritte	Mae	Re	ettic	7
AORE PAGE ORM	5 7		AS DECEASED EVER IN U.S.			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	(spous			, , ,	
BALTIMOR IRS AFTER I GIVE PAG WITH FORM	5 /	(Y		GIVE WAR ORD	ATES)	458 52		James S.			Com	2 2 2	472
SALTIM RS AFTI GIVE P VITH FO	DIVISIO		No			1		James S.	. McClur	KIII		e as	#12
: 58			18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	r only one co	ouse per line f	or (a), (b), ond (c).)	- 0	eschosis			BET	APPROXIMATE TWEEN ONSET	AND DEATH
	Z			DIATE CAUS	SE (o Cha	e nnec-) (crinose	7				
N A P B C S C S C S C S C S C S C S C S C S C			5/12	(DUE TO, OR A	AS A CONSEQUENC	CE OF						
PRESTON WITHIN 24 CIL IN ITE/ INER ALOI ANSIT PER			Conditions, if ony, w		(h)						2010		
- Z S E 5	E X		gave rise to immed cause (a) stating the un		(b) DUE TO, OR A	AS A CONSEQUENC	TE OF				177	-	
301 W. PRE CUTED WITH IN PENCIL I EXAMINER DRIAL-TRANS	200		lying couse last.								537		
e 0 = 1 = 2	ZZ		RADY O CYUER CICAUTICANY COMOU	1045 CONTRIBU	(c)								
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICA FE 3 SHOULD BE USED AS A B	CREMATION, OR	7	PART 2 OTHER SIGNIFICANT CONDIT	TONS CONTRIBU	TING TO UEATH BE	II NOT KELATED TO THE I	ERMINAL DISEAS	SE OR CONDITION GIVEN IN I	PART I a				
ECORDS D BE EX ENDING MEDIC. AS A L	E & S	CERTIFICATION											
ALRE VEEL VEEL VEEL VEEL VEEL VEEL VEEL V	E & C	3	19a. DATE OF OPERATION		196. CONDITI	ON FOR WHICH O	PERATION W	VAS PERFORMED?			20	AUTOPSY?	
VITAL R SHOUL ORD "P CHIEF BE USEI		I										YES 🗆	NO 🗆
CATE WE WILD B	2 % Z	E S	210 EXTERNAL CAUSE WA	5	216. TIME OF	MONTH DAY Y		OW INJURY OCCUR	RED LENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART 2)		America
NO THE OUT	500		UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH	P.M.	MONTH DAT TO	CAR						
SION RTIFN CG TO SHO	PRIOR TO BURI	MEDICAL	214 INJURY OCCURRED		21e. PLACE O		, 21f. LC	CATION					
DIV IS CE RETIN	Like .	¥	WHILE NOT WHILE AT WORK		STREET, FACTO	DRY, FARM, ETC.)		STREET	CITY OR T	OWN	COUNTY		STATE
DIVIS THIS CER WARDED	21201		AT WORK AT WORK										
# H C 1			22a. I certify that I taak c	harge of the	remoins desc	ribed obove, held o	n Autop	osy , Inspect	ion Inquir	y , ond ir	my opinion		
20 21	Z Q		death resulted from:	Notural cause	es L	Accident .	Suicide	Homicide	. Undetermined r	nonner .			
EXAMIN CERTIFIC UID BE DIRECTO	ARYLA	1-19	1		10	1		TITLE (SPECIFY)					
111 () 5 ()			ACTUAL SIGNATURE	19400	1 / X	religio	20/	Deputy	MEDICAL EXA	110.450	DATE SIGNED	2-29	-79
CAL	A E		SIGNATURE	11	1	//	1	N.D	MEDICAL EXA				
MEDICAL E	200	100	EXAMINER'S NAME AU	gusto	P. Rod	lrighez,M.	D.	5009 R	ayburn Ct	., Camp S	prings	Md.2	20031
TO MI EXECU	BALTIMORE,	-	(TYPE OR PRINT)					_ADDRESS	1004 100 151				
2 2 4	▼ ∞	23a. B	JRIAL, CREMATION, REMOV					OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
2 5 BP			remation		2-80			Cremato		and, P.		Mary.	Land
DHMH - 1		24. FI	NERAL DIRECTOR RObt	EW	ilheli	m 4308	Suit.	Land 250 DAT	3 1980	PAR 25 FEC STE	AR SIGN	TURE	-3:
15M 7/76		F	uneral Home	e R	d. S	uitland	, Md.	JAN	9 1300			10	

August Phologue SCOOL VOYD (C. , comb Stranger) V. 20033 The second second second



			TWENTY TO
	The same and		
		111111111111111111111111111111111111111	
The continue of the continue o			
	Supple will find a set of	ns v	
302 302.2			A. V.
		titimasta 5 11.	afty depty (
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	- 7 Morres China		
	4		
		That blat a	
	- c1		
		3	
x	· steep		0.2 0.36
	not portion.	month of Leading	

	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2h HOI
A.		CLARA	LASHER	McCOY		79 11
25	3 SE	FEMale	1 RACE WHITE	5. DATE OF BIRTH MONTH BAY YEAR 95	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS WONTHS	DAYS HOURS
Store of the store	PF	IRTHPLACE (STATE OR FOREIGN OUNTRY) NNS YLVANIA	76 CITIZEN OF WHAT COUNTE		PRINCE GEORGES	ATH
filed with	HYA	ITY OR TOWN OF DEATH	MANOR CARE NU			WN HOM
nould be	WAS	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13(, CITY OR T)	OWN 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2217 S. Street N.E	L.
ond 2 sh	14 F/	JOHN MORE	GAN LASHER	15 MOTHER'S MAIDEN NA	MIDDLE HICKMAN	LAST
Poges 1	16a \	WAS DECEASED EVER IN U.S. AR YES, NO. OF THE WAS GIVEN	RMED FORCES? 166 SOCIAL SE E WAR OR DATES)	Lorraine Sc	10930 Saratoga hmidt Sun City, Ara:	
remove corbor remotion, or re-		Conditions, it ony, which gove rise to immediate cause 10, stating the	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO			ndet -
n please burial, cr					MINAL DISEASE OR CONDITION GIVEN IN P	ART 1(o)
t permit. Then pled ene prior to burial ows any injury, or	RTIFICATION	PART 2 OTHER SIGNIFICANT OF MPHY SEM	196 CONDITION FOR WHI	TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES, WERE IN CERTIFYING C	FINDINGS USE AUSES OF DEA NO
it. Then plead iar to buria	VEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF MANY SEM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CE (IF EITHER, NOTIFY MEDICAL EXAMALY 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	DAY YEAR 19 211: LOCATION	200 AUTOPSY? 206 IF YES, WERE IN CERTIFYING C YES NOTE YES YES YES TO PROVIDE THE YEAR OF INJURY IN ITEM 18, PART 1 OR P	FINDINGS USE AUSES OF DEA NO
certificate has been signed violatrons thermal. Then plea term 18 Hygiene prior to burior them 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF MANY SEM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CE (IF EITHER, NOTIFY MEDICAL EXAMALY 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK TO SOW the deceosed alive on the deceos	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR A 19 211. LOCATION STREET 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET	200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C YES NOW YES TEN TO THE TEN THE TEN THE TEN TO THE TEN TO THE TEN THE T	FINDINGS USE AUSES OF DEA NO PART 2)
certificate has been signed violatrons thermal. Then plea term 18 Hygiene prior to burior them 18 shows any injury, or	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT (The property of the first of t	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI THE OTHER HOURS AND A STREET OF INJURY) (AT HOME, STREET, FACTORY, OFFI AT YIEW the body after death.	DAY YEAR 19 21t. HOW INJURY OCCUR 19 21t. LOCATION STREET 27 ond that in 19 00000000000000000000000000000000000	200 AUTOPSY? YES NOTE IN CERTIFYING C YES S RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P CITY OR TOWN COUNTY OR TOW	FINDINGS USE AUSES OF DEA NO [PART 2) TY Ty The third (I) The third of the courses st The third o

		4 6	 TY V BYZ HORO
cycum state of the contract of the contract of			FLYBELY
The shaden the			A veget release to
the self-result.	of the same		VIII.
10974 Janitoga Climble	Torribe le		04
			THE STATE OF
Tounesteen Dallotey 101		area errory	out transact

Chiefan Stock Table in the Chiefan Chi The second of the second . In , Decembrace , Francisco I Indian - Lever by pre- 1781 DANGE TO THE THE PARTY OF THE P and the day of the state of the

STATE OF MARYLAND				
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	3	1	38
CERTIFICATE OF DEATH	•	0		-
	REG.	NO.		

	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	3	1 5	93
DZ		CEASED NAME FIRST	WIDDLE	ι	AST	26. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
9.83		Raymond	Thomas	Mc M	ahon	Decem	ber 20	, 1979	8:10p M
	3 SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
		ALE	WHITE	Oct.	8, 1898	81	YRS.	UNIHS DAYS	NOORS MIN
J. Ce.	70 BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
\$51		LINOIS	U.S.A.	WIDOWE	D DIVORCED	Prince Ge			MD.
fied	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE)		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OR
C not		iverdale	Eugene Leland M	lemori:	al Hospital	RET. CARPI	ENTER		TRUCTION
35	130 5	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c CITY OR TOV BLADENS	VN	13d INSIDE CITY LIMITS? YES NO	135 STREET ADDRESS	Y STRE	eet	
examine O		FRANK	McMAHON		15 MOTHER'S MAIDEN NAM	WE		STUND	'IM
icol	16a V	WAS DECEASED EVER IN U.S. AF	E WAR OR DATEST		17 INFORMANT	2101RI	Oregan	Ave.	
Bed		YES NO OR UNKNOWN) (IF YES, GN	578 05	0797	Agnes F. Fr	azier Land	lover,	Md.	
r, the		18 CAUSE OF DEATH (Enter o	nly one cause per live for (a), (b), pr	nd (c)	7		manant		MATE INTERVAL DISET AND DEATH
even	31	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE IO COLO 9	196	tailute.			2d	eyo
matic		1889	DUE TO, OR S A CONSEQU	ENCE OF	13 of B/8	Ader		21 days	
trou	18	gove rise to immediate							
or other		underlying couse last.							
, or	-23	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OF CON	DITION CIVE	NI INI PART 1/2	
nlory	Z	TAKE 2. OTHER SIGINFICANT	CONDITIONS CONTRIBUTING TO	DEATH DOT	NOT RECATED TO THE TERM	INAL DISEASE ON CON	DII IOI4 GIVE	14 1141 AKt 110	
, and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				WERE FINDIN	
Swo 2	TIFIC					YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
8	CER	210. ACCIDENT WAS UNDERLYING	- 1	VE AD	21c. HOW INJURY OCCURR		RY IN ITEM 18, PAI	RT 1 OR PART 2)	
E /	AL	OR CONTRIBUTING CAUSE OF DE		DAY TEAK	ON THE REAL PROPERTY.				
- o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)	SIREE	CITTORTO	VIN	COUNTY	SIAIE
is marked	- 4	224.1 certify that (I) (this hosp	ital) attended the deceased from.	1/-	13 19 77	_, 10 20 D	97 1	977	that (I) (we) lost
7	- 19	sow the deceased alive or	at) view the bady after death.	77 . ar	nd that in (my) (our) opinion o	death occurred an the d	ate and hour	and fram the	causes stated
Hea	20	22 SIGNATURE	A		DEGREE			22c. DATE	SIGNED
±		In Toulet	llas	- n	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	12/3	1/75
Z		22d PHYSICIAN'S NAME ITYPE	OR PRINT)	1000	22e ADDRESS			1	/
MPORTANT: # Hem		Thomas M. Hu	tchins, M. D.		6214 Landove	r Road, Hya	ttsvil	le, Md	. 20785
₹	23a E	BURIAL, CREMATION, REMOVAI	1 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		CULTURE	
	(Burial	12/24/79 F	t. Lir	coln Cemetery	Brentwo	od, F	G.	Md.
7	24 E	UNERAL DIRECTOR	Sons Funeraballo	me. P.	A 250. DATE	RECO. BY RECOM RAIR	25b. REGISTR	AR'S SIGNAT	URE
	A.	Hyattsville,				7 7 7 8 Y			

DHMH - 16 50M 7/77 (VR A 15 (4))

	THE REPORT OF THE PERSON NAMED IN			
			enough I I was	
	8001 4	4	THE STATE OF THE STATE OF	TABLE !
			14.2.W	aperant
Philipping a market man area				
Tame today com			rement dec. I to ou	dv. report
FORTH SELECTION	uin e		William Town	377.66
Sich Gegan bye.	Signers P.	7270 70		
See - selection				
				CALL
	78			
. No. 2.4 . bookhood . v	1/12/1/1/100	mil .34	64/10/01	Taire
		March P.	from	Telogori Luckser

	1			STAT	TE OF MARYLAND				
	1	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 7 9	3	1 5	9 4
		CEASED NAME FIRST	MIDOLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
		ALEXIS	В	McMULLEN		DECEMBER	30 1	979	0140A A
	3. SE	X	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		MALE	WHITE	FEBUA		83	YRS	ONTHS DAYS	HOURS MIN
e _ ,	7o. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
55/		ILLINOIS	USA	WIDOW		PRINCE GEOR	CE COL	INTV	MI.
b ed	10.0	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OF
8 Xig	AN	DREWS AFB	MALCOLM GROW			MTLTTARY	or WORKING LIFE)		R FORCE
e C	USU	AL RESIDENCE (IF NURSING HOME STATE 126 COL	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)		13e. STREET ADDRESS	L.	TUS-AI	R FURLE
\$3		RGINIA		ANDRTA	YES NO D	6103 WOODN	MANUEL DE		
- uer		THER'S NAME			15 MOTHER'S MAIDEN NA	AME	IONT KI		
5)		GEORGE A		ST	FIRST	MIDDLE		LAS	51
_	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	GERTRUDE 17 INFORMANT	MAE	CURYEA LESS ALE		ginia
Sedico 3	(1.15.179	0, 11, 11, 1						0
the a		YES		08878	I SARA ANN LIN	NDSEY/DAU 61	03 MOO		
ŧ.		PART I. DE ATH WAS CAUS	anly one cause per line for (a), ED 87	(b), and (c	0 1			BETWEEN	ONSFI AND DEATH
event, th		IMMEDIA	ATE CAUSE (a)	2011	Villing	25/10/25 246	1 1 1 1 1	-	
ofic		4399 -	DUE O A A CON	ISECUENCE OF					
traumotic		Conditions, if ony, which	CITTO	DALL C	Kent Do	serse		1	
ā		gove rise to immediate	(6)	111111	211 - 12	201150			
other		couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF					
0 0			(c)						
ury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	01
- ×	CERTIFICATION					Tax	Teat 15 MES	WERE CHIEF	
5 /	ō	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
8	֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞			MESSEL ST		YES NO	YES		NO 🗆
8	Ü	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2]	
Item 7	AL	OR CONTRIBUTING CAUSE OF D	ENIN	TH DAY YEAR	The second second				
5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION				
De	A M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
NO N	-	AT WORK AT WORK		Doo	7 50			00	
S P		22a I certify that (1) (this has					70	9.79	that (I) (we) las
2	1	saw the deceased alive a above, (I) (we) (did) (did)	natiview the body offer death	_19 _79 , a	ind that in (my) (aur) opinion	death accurred an the d	ate and hour	ond from the	couses stated
tem		226. SIGNATURE	~7		DEGREE	Markett (1800)		22c. DATE	SIGNED
±		W/120	1/2	,	ATTENDING	MEDICAL STA	FF CIANT	307	Der 79
z -	-	274 PHYSICIAN'S NAME (TYPE	OR BOINTS		22e ADDRESS	DIRECTOR PHYSIC	IAN []	1000	7
RT		ZA TITOCIATOTAME (TITE	CKPKINI	7				ESC V	
IMPORTANT		JOSHUA HOLLO	WAY	AND THE	MALCOLM GRO	W USAF MEDI	CAL CE	NTER	
S	23a.	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	1/3/1980	Arling	ton National C	Cem. Arlir	igton,	Virgin	ia
		UNERAL DIRECTOR		-	. 25g DA1	TE REC'D. BY REGISTRAR			
/77		seph Sawler's	Sons Inc. ADD	RESS N	444		1		
	1	- JIJUWISCO	nsin Ave. N.	Wash.	D.C/AN	2 1000	15.4	4.	

i int. . To i Constitution of the second sec State of Later marginals waste THE PART THE SOUTH THE SALE OF THE PARTY OF

A THE RESIDENCE OF THE PARTY OF Act and a street of the souls are a street o Partition for the second of the second of the second secon To the program of the control of the

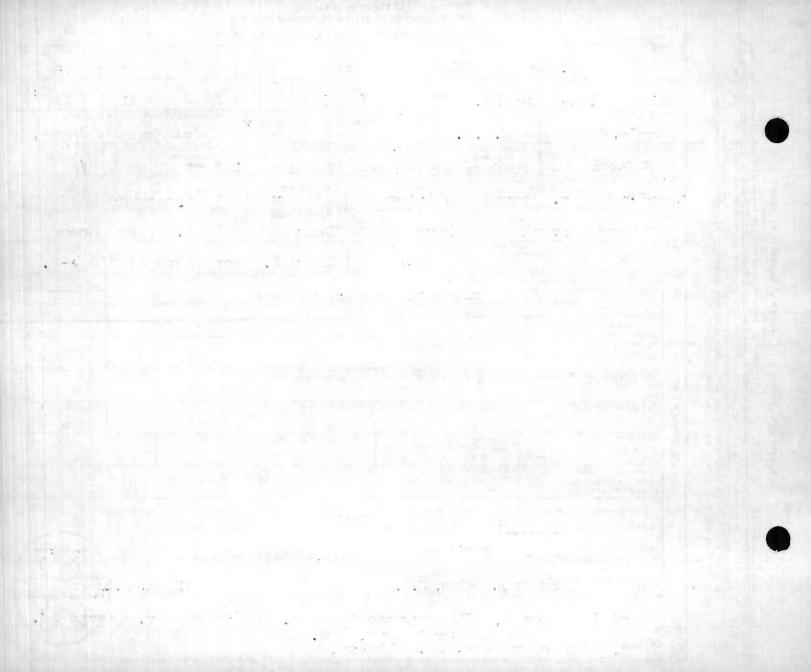
- STATE REGISTRAR REG. NO DECEASED NAME 26 DATE KNOWN OF ESTI-DEATH MATED UNDER 24 HRS DATE DEAD U.S.A. Ukraine WIDOWED DIVORCED WN OF DEATH ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Own Home Building College Park Westchester Park Drive 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ferdiger Therdore Anna Segerich 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES. NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 075 07 8907 Phillip J. Michels Same as #13 (Husband APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per for (a), (b), and it PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ta Carles Voncolor dresse anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO A 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK AT WORK 22s. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Inspection Homicide death resulted from: Natural causes Undetermined manner MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 Kugusto P. Rodrighez, M.D. TO ME 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Burial Ft. Lincoln Cemetery Dec. 24/79 Brentwood Md REGISTRA O 256. RE- ELLEGE STATE 24. FUNERAL DIRECTOR Francis Gasches Sons Funeral Home, P. A. A. P. C. By DHMH - 17 (VR A15 ME (5)) Hyattsville, Maryland 15M 7/76

mental and a service of the service el a hating and booking and advigue bust will Salaman. off of the - vehillest . Details one of the tenteral STATE OF THE PROPERTY OF THE PARTY OF THE PA # 000 Mile misq? grant, its remient Pool 10.0 Monothers | Programs ninonis F. F. C. V.C. ond rancin dasci a cons lamera lione. I. C. Synthestate, Sarylund

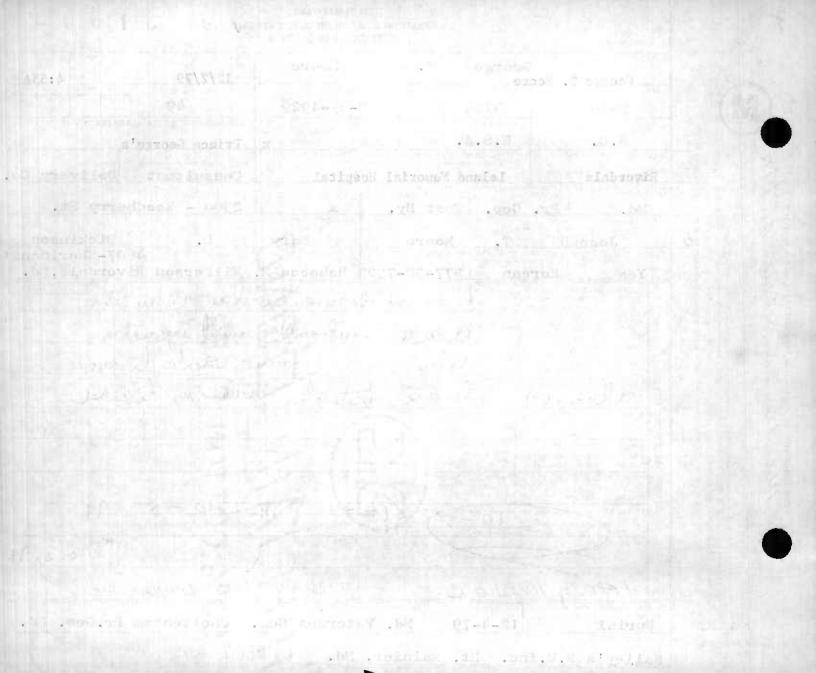
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DATE KNOWN TO DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 72 1, 10 FRED MONTGOMERY 4 RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 23 HOUSE YEAR PRONOLINCED DEAD 19 79 male black To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDA FOREIGN COUNTRY) Prince George's County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION TTYPE OF WORK 126 KIND OF BUSINESS AR MOST OF WORKING LIFE) OR INDUSTRY Cheverly Prince George's Co. Hespital 00 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS -hAR YES [NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST CKSON CORGE DIVISION OF 16g. WAS DECEASED EVER INFORMANT 16b. SOCIAL SECURITY NO 3, WAJ2 WITH FO (YES, NO. OR UNKNOWN) MINNIE UHKHOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). REMOVAL ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if pny, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, O DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES X NO **BE** PRIOR JO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TATE 220. I certify that I took charge of the remains described above, held an DIRECTOR: Inspection and in my apinian death resulted from: Suicide Natural causes Accident, Undetermined manner ACTUAL AFTER DEATH, SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A.Korell, M.D. 111 Penn Street (TYPE OR PRINT) 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE RP 26 REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

FR The series of the unitario e e contra de la contra del contra de la contra del la contra de la contra de la contra del la contra Falliand .a. ale see conide Bulleting States of the Control of t The same of the sa or if the piro arity

the state of the s



					STATEO	FMARYLAND	1/4		1 %	0 0
	1.	FOR STATE REGISTRAR		DEPARTA		ATE OF DEAT		REG. NO	10	0 0
		CEASED NAME FIRST OR PRINT)	George	T.	LAST	Moore	20 D.	ATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		George T. Mo	ore					12/2/79		4:55A M
	3. SE	Male	White		5 DATE OF E	29 ^{DAY} 192		E (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
a.	70. B		76 CITIZEN OF WH	AT COUNTRY?	18		9 BA	LTIMORE CITY OR CO	UNTY OF DEATH	
£70	· ·	N.C.	U.S.A.		WIDOWED	NEVER MARRI		rince Georg	rete	MD
lied	10 C	TY OR TOWN OF DEATH		PITAL, NURSIN		OTHER INSTITUTION	ON 12a U	SUAL OCCUPATION OF WORK FOR MOST OF WORK	12b KIND	OF BUSINESS OR
01		iverdale	Leland	Memori	al Hos	pital		onsultant		very Co
ta ta	USU 13a	AL RESIDENCE (IF NURSING HOMI STATE 13b. CC		RESIDENCE BEFORE		d INSIDE CITY LIA		TREET ADDRESS		
3	14.5	Md. Pr	Geo. V	lest Hy		YES NO		300 - Woo	dberry	St.
Waller Hall	14. F	ATHER'S NAME FIRST	MIDDLE	LAST	13	MOTHER'S MAIL		MIDDLE		AST
	160	Joseph VAS DECEASED EVER IN U.S.	ARMED FORCES? IN	Moore SOCIAL SECU	RITYNO	Ma:	ry	ADDRESS		cinson eridanS
1		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)				- M W		Riverda	
9	-	Yes Ko 18 CAUSE OF DEATH (Enter		377-32-		Rebeco	a M. n	ilkerson		OXIMATE INTERVAL IN ONSET AND DEATH
veni,		PART I. DEATH WAS CAL	JSED BY:	ver-ed.	0(1.1)	new	hicul	on Rich	while	N ONSET AND DEATH
AIC 6		14 h		A CONSEQUE	ENICE OF	0 (\	1 10		
o E a a a a a a a a a a a a a a a a a a		Conditions, if ony, which	(6)	Eury	5-2	whend	Locar	had inka	relian	
40		gove rise to immediate cause (a), stoting the	- DUE TO, OR A	A DONSEQUE	NOPOFEL		2		1	
ta na		underlying cause lost.	((c) ()	sulle	elosol	ac 60	maro.	vasenay	tingae	
ury, r	z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO D	DEATH BUT NO	PRELATED TO TH		MEASE OR CONDITION	N GIVEN IN PART	l(a
	AT 10	190 DATE OF OPERATION	19h CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED			IF YES, WERE FIND	NGS LISED
9	IFIC.	THE DATE OF OPERATION	176 CONDING	IVIOR WINCH	OFERATION	WAS FERI ORMED	0		ERTIFYING CAUSE	
G	CERTIFICATION	210 ACCIDENT WAS UNDERLYING				IL HOW INJURY		NTER NATURE OF INJURY IN ITE		
7	-	OR CONTRIBUTING CAUSE OF		MONTH DA	AY YEAR					
,	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF		2	II LOCATION		CITY OR TOWN	COUNTY	STATE
	2	AT WORK AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, F	ARM, EIC.)	JINCE.	43750	A -	COUNTY	SIAIE
0		22s I certify that the this ho	10	Annual Contract of the last	9-		79. 10	10-5	19/19	, that (1) (we) lost
		sow the deceased alive above (II (we) (did) (did	not view the body after	r death 19	11		opinion death o	occurred on the date an		
		TH SIGNATURE		<	DE	GREE	DING MEL	DICAL STAFF		TE SIGNED
	1	MAL BUNG IS LANGE ALLA		_		PHYSI		CTOR PHYSICIAN		C, 2, 19
1		22d. PHYSICIAN'S DIAME (TYPE		,	2	70 7/ F	Time / A	NC LANHI	ha.	
_	22-		MARCIO (LAME OF CO.	ETERY OR CREMA		LOCATION	m Illa.	
		BURIAL, CREMATION, REMOV SPECIFY) Burial	12-4-7			tery or crema terans		Cheltenha	am Pr. Ge	eo. Md.
		UNERAL DIRECTOR	12-4-1		d. 16			D. BY REGISTRAR 25b. R	EGISTRAR'S SIGN	TURE
	N	alley's F.H.	Inc. Mt	ADDRESS Rain	ier, l	Md.	DEC	7 1979	pirtay 1	McCreedy
	-									



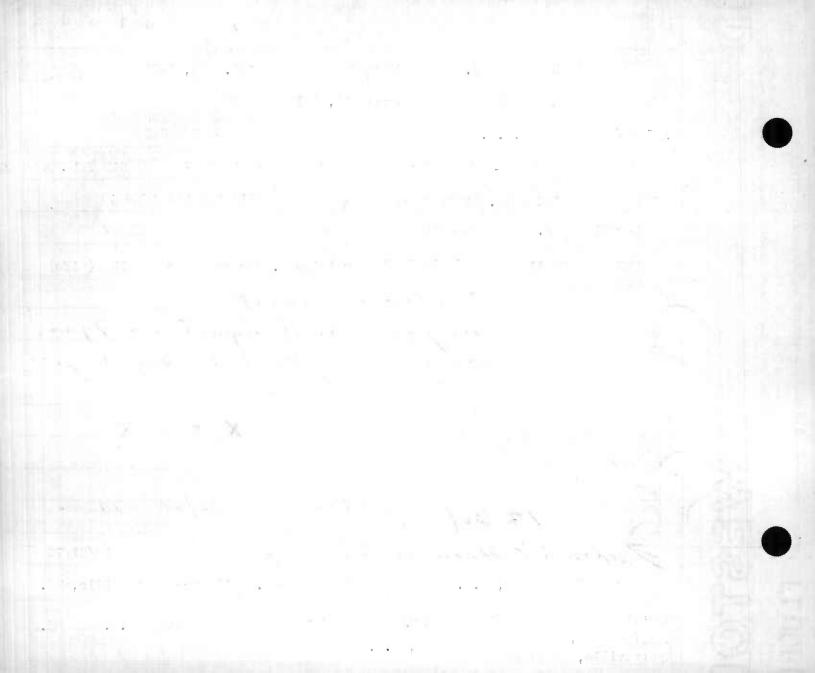
4 so the Triangle seeds to entire

care of the contract of

We tritted to be a

THE PERSON AND ADDRESS OF THE PARTY OF THE P

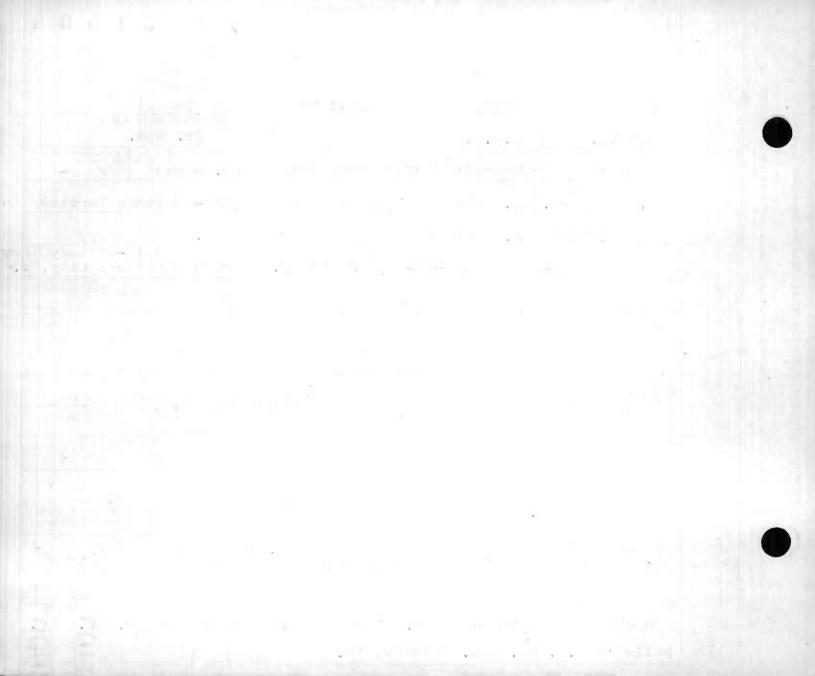
Archick Funeral Home, inc. te Black, wg.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2e. DATE OF DEATH MONTH DAY 7h HOUR TYPE OR PRINT) December 15. 1979 5:41a.m George Mair Munro AGE (IN YEARS LAST BIRTHOAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS **HOURS** YEAR 1908 Male White Feb. Te BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY? New York MARRIED NEVER MARRIED Prince George's WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE) Doctor's Hospital ion Corp truc; Lanham of Prince USUAL RESIDENCE (IF NUBSING HOME OF OTHER INSHITUTION GIVE RESIDENCE AND SISSION) upt. 13. STREET ADDRESS 12308 Starlight Lane 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X Md. Pr.Geo's NO T Bowie IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST George Munro Bertha Jenny Hartzell 12308 Starlight Lane, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary Lee Munro-Bowie Md. 20715 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY INUTES IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF RTERIOSCLEROT. Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse MELLITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190_DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN-CERTIFYING CAUSES OF DEATH? NOL YES [NO [211 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINES) P.M 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from ____ saw the deceased alive on and that in (my) (our) apinian death accurred on the date and hour and from the causes stated obove (I twentidial (did not) view the body after death Th SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S SUPERIOL LANE mn no 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial 12/18/79 Holy Trinity Com. Collington (Pr.Geo's 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Coleman -- Uppers Marlboro, **DHMH-16 25M** Funeral Home 1980 (VRA 15, 4) 1/79 Maryland 20870:

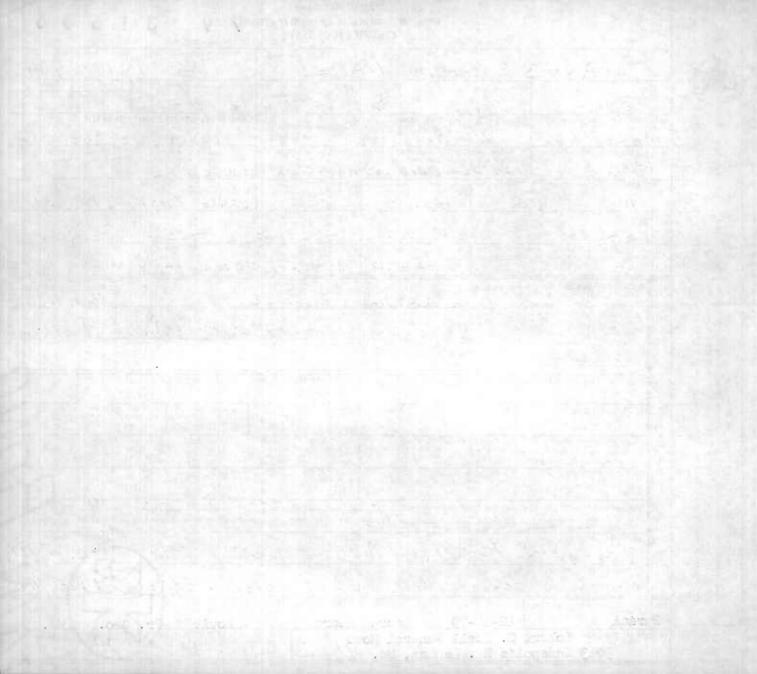
ĬĬ		30%1,75.	del di		/ im
e legacati	onie#4	The state of the s		7 .U. S.	and: We.
T. 188 gal . 10.	ic v si unt.	o.ina io		0.110	
enu duil t	12300 3	Δ.	ciro	t 100	• &
Ilesta I	il.		0.1.1		01.50
308 tall to 308 ta	13	Hary Lee M		I.I.	ε σ
1,5					
1.					
e L					
1 ,					

FOR



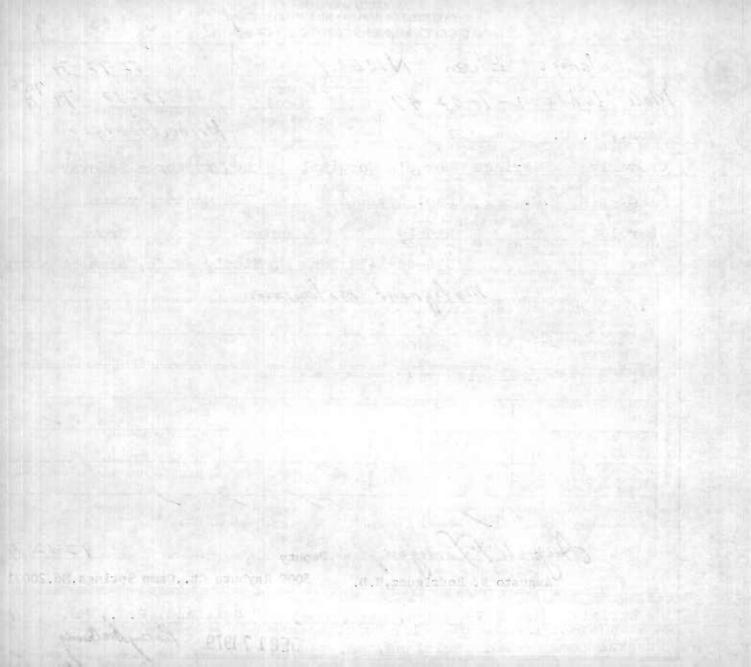
13 29 19 705	MUSERCOE	172.	33903	G.
	101, 100		ed labe	
HEROTON TON TON				
a militar and a militar barries.	Mary Harm	re two law s	nife	
theritish tin 10%				
of ieu edi			dvo-serie.	
it in the elegant	I Person			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) KLIZABETH SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LA HRS YEAR OC 7 23 1916 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED | PORGES IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 12416 CONFIELD LA. BOWI e,Md. BALTIMORE, MARYLAND 21201 HOUSEW/FE ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? CANFIEL OWIE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ELENA EL16 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR, UNKNOWN) (IF YES, GIVE WAR OR DATES) & CAUSE OF DEATH Enter only one couse per line for 10, (b, and c PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW YES [shay NO I Mentol Hygi 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased plive on_ and that in (my) (dur) opinion death accurred on the date and hour and from the causes stated abave, (1) (wet (did) (did not view the bady 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL old be deta PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY STATE COUNTY Buraal 12-18-79 Sacred Heart Bowie Pr. Geo 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. Robert G. Beall Tuneral Home DHMH - 16 60M 1/75 (VR A 15 (4)) 9013 Annapolis Rd. Lanham, Md. Marca

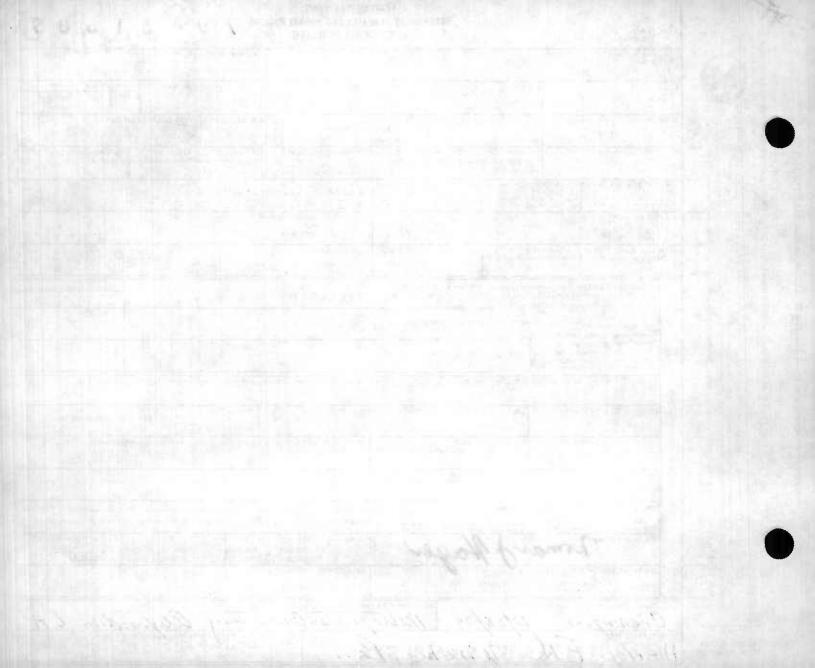


morning. . T. V. Corde x 2-14 The state of the s The state of the s Takent . The track of the track





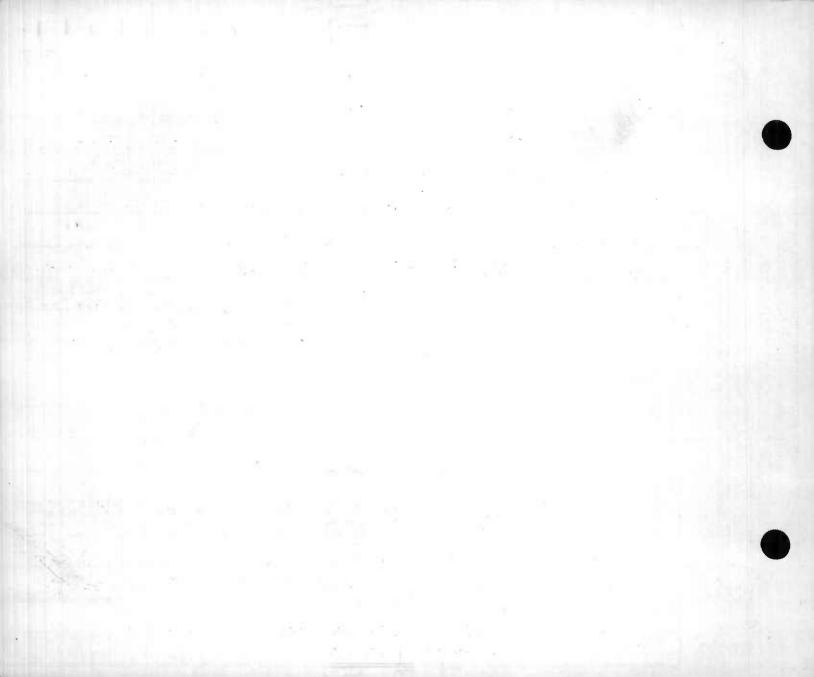
						STAT	E OF MARYL	AND					
	Ľ	FOR STATE REGISTRAR				CERTIF	ICATE OF	MENTAL HYG DEATH	RE	G, NO.	3	1 6	0 9
1		CEASED NAME	FIRST		MIDDLE		AST		2a DATE OF DEA	TH MONTH	H DAY	YEAR	2h HOUR
à			HELEN		M		DVAK		DECEMBE		18	1979	3:00A M
7	3 SE		2	4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
one		FEMALE		WHITE		MARCI	1 31	1941	38		YRS		
a		RTHPLACE (STATE OF			WHAT COUNTRY?	8 MARRIE	XX NEVER	MARRIED [9 BALTIMORE C	TY OR CO	UNTYO	FDEATH	
15		ENNSYLVANI		USA		WIDOWE		NORCED [PRINCE		ES C		MC
28		DREWS AFE			HOSPITAL, NURSIN THE FACILITY GIVE STREET I GROW USA				178 USUAL OCCI (TYPE OF WORK FOR A HOUSEWI	AOST OF WORK	KING LIFE)	12h. KIND O INDUSTRY	OF BUSINESS OR
Siner ma	130	AL RESIDENCE (IF NU STATE LRYLAND	1136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW BOWIE		134 INSIDE C	ITY LIMITS?	13. STREET ADDR		LAN	E.	
Sheal exa	14 F.	ANDREW	A	MIDDLE	ONDER	KO		S MAIDEN NAM FIRST RGARET	AE MID	DiE		VIT	
the me		VAS DECEASED EVE YES, NO OR UNKNOWN! NO		WED FORCES? WAR OR DATES!	200-32-9		MAJ JO		ADDRESS 44			OCKFO 2071	RD LANE
ven		IS CAUSE OF DEA	TH (Enter on	y one couse per	line for (a), (b), and							APPROXI	MATE INTERVAL ONSET AND DEATH
atic e		PART I DEATH	PART I DEATH WAS CAUSED BY. CARDIO RESPIRATORY ARREST									INUTES	
e de la composition della comp		1820	prarte o m	DUE TO, OR AS A CONSEQUENCE OF OVARIAN CA									
er tre		Conditions, if an	y, which	((b)	OVARI	AN CA						1/4	
or other	P	gove rise to in couse to a star underlying cau	nmediate ling the	DUE TO, OR AS A CONSEQUENCE OF									
vinjury.	Z	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART 110	01
avows and	CERTIFICATION	190 DATE OF OPER	ATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	INC	IF YES, V CERTIFYIN		NGS USED OF DEATH?
1 gem 18		21a. ACCIDENT WAS U OR CONTRIBUTING (FEITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A.	DE INJURY M. MONTH DA	YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE C	FINJURY IN ITE	EM 18, PART	1 OR PART 2	
ar ked o	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATE STREET	ОИ	CITY	OR TOWN		COUNTY	STATE
121 is n		22a. I certify that (1) (this hospit	18 DECE	MBER 19	70	VEMBER		to 18 Di	CEMBE		-	that (I) (we) lost
fterr		above, (1) (we)	(did) (did not	view the body	ofter deoth.		DEGREE			-		1224 DATE	
E L			hom	ardi	Hayer	/		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIANA	Ò		EC 79
MPOH AN		THOMAS	, , , ,		T, USAF,	MC	MALCO		USAF MEI	CEN.	AAF	B. MD	20331
₹	23a	BURIAL, CREMATION	REMOVAL	13/18	/19 13ch	1 1 40	EMETERY OR	CREMATORY	23d LOCATION WITTOR TOW		Nac	dera	DA
	24 F	UNERAL DIRECTOR		111	1	,	0	250. DATE		TRAR 254	EGISTRA	R'S SIGNAT	URE
5M 1/79	n	A (rol)	F. M	11	linkly	1.7	£		DEUZO	13/3	-	Link	
	11				311000	1							

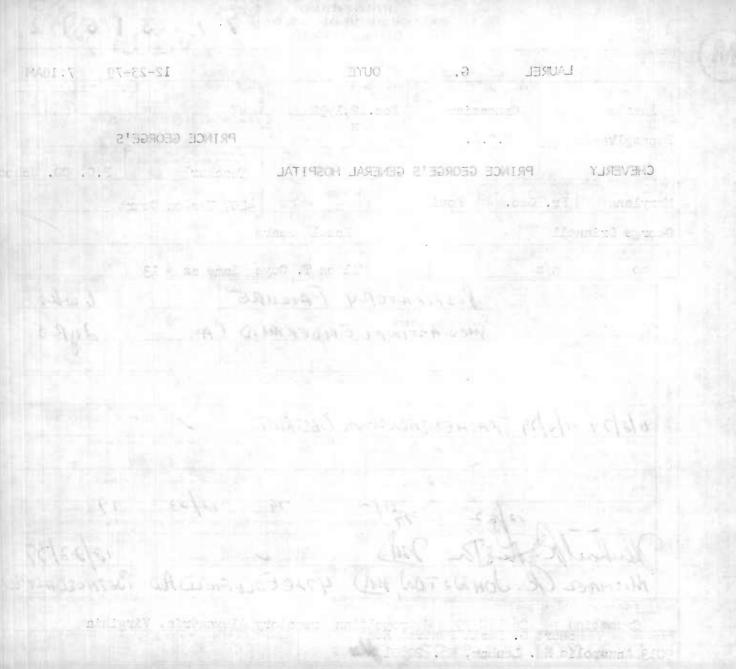


4	1			STATE OF MARYLAND		
	V.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 7 9 3 1	6 1 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME FIRST YPE OR PRINTI	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
A MOS	9	MAE	E.	OHARA	12/8,	179 5.25 pm
(IN)	3	page 197	RACE	5. DATE OF BIRTH MONTH / DAY / YEAR		UNDER 1 YEAR IF UNDER 24 HRS
	31	temale	Caucasian	1 / 13 / 1890	89 YRS	
a de la	(I) 70	BIRTHPLACE STATE OR FOREIGN 7 COUNTRY YORK	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	
uner hin 7	21		Uisitti	WIDOWED DIVORCED		ges (ounty MD.
ofter of the f	0 0	Clinton	1. NAME OF HOSPITAL, NURSI HENOT IN SUCH FACILITY, GIVE STREE Clinton Convert	1 1 1 - 1	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
21201 aurs of the file be file file file file file file file fil	Ü	SUAL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION]	nousewite	
ND 24 h 24 h suld k auld k	7 9"	aryland Pr	Caal		13e. STREET ADDRESS	
rthin ithin 2 sho		FATHER'S NAME	(C.I III LO	15. MOTHER'S MAIDEN NA		пе
MAR omplet ond 2	100	William	Culler			Stafford
ORE xecu	1 16	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES	5011	031 0. Day	way Blvd
TIMO		No	121096	778 Joseph O'Ha	ra Clearwater	r, Florida
BAL cate cate ysici aper aval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per lipe for (a), (b), a	nd any	1000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., ertifican g ph danp remo		IMMEDIATE		show Heard	Jon con	elm
ON or the corbin corbin notice		4140	DUE TO, OF AS A CONSEPT	ENCEPF		70
PRESTO he death ne attenc emave co matian, c		Canditians, if any, which gove rise to immediate	(b) levels	Jascull	is feliden	77
W. Properties of the safe remains of the safe		cause (a), stating the underlying couse lost	DUE TO OR AS A CONSEQU	ENCE OF lengte	Herry Phiner	- yes
ires thires the name of the place of the pla	1.		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	I IN PART 1(0)
RECORDS. Ibw required as been signermit. There is prior to be visually as any injury.	9					STATE OF THE STATE
low s ber	0	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
AL The trong sit p	7				YES NO YES	_ NO _
OF VITA CIAN: The physicial physicial of the physicial p	100	00 00 100 100 100 100 100 100 100 100 1		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	I I OR PART 2)
PHYSICIA ending ph this certifi the buriol-th of Mental		(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
SI the	1	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CIFY OR TOWN	COUNTY STATE
ENDING tal or att OR: After or use as t Health a		220 L certify that (1) (this hospital	il) ottended the deceased from.	3/14 19 7	9, 10 /2/9 19	that (1) (we) last
2 9 6 5		sow the deceased alive on obove. (1) (we) (did) (did not)	view the body after death.	and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stated
OR A DIRE DIRE Dept		226. SIGNATURE	20	DEGREE		224. DATE SIGNED
AL the the T: I		15/	ho oran /	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-8-19
HOSPITAL ned by the FUNERAL like Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	for grangering in	, 1, 1, 2, 2, 2, 1
TO HOSPIT, TO FUNER, should be d with the Ste		K22A1	nosTAR N	4235 2	21 Bon/	nd row
1700	23	BURIAL, CREMATION, REMOVAL	1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	We'st- STATE
BP		Burial	112-12-79	te of Heaven Cen	Mt.Pleasant	chester N Y
DHMH - 16 50M 7/77 (VR A 15 (4))	24		Wilhelm ADDRESS		FOOD BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
(44 4 12 (41)		Funeral Hor	me Inc	Suitland, Ma	LO1 7 10/0	. 1

the same of the same of

FOR





- STATE

DHMH - 16 50M 7/77

(VRA 15 (4))

Hyattsville, Maryland

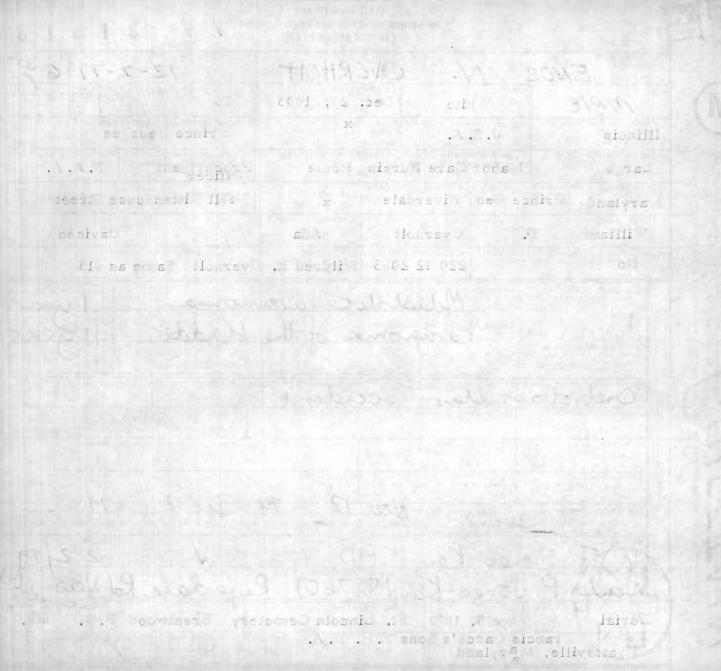
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

Md.

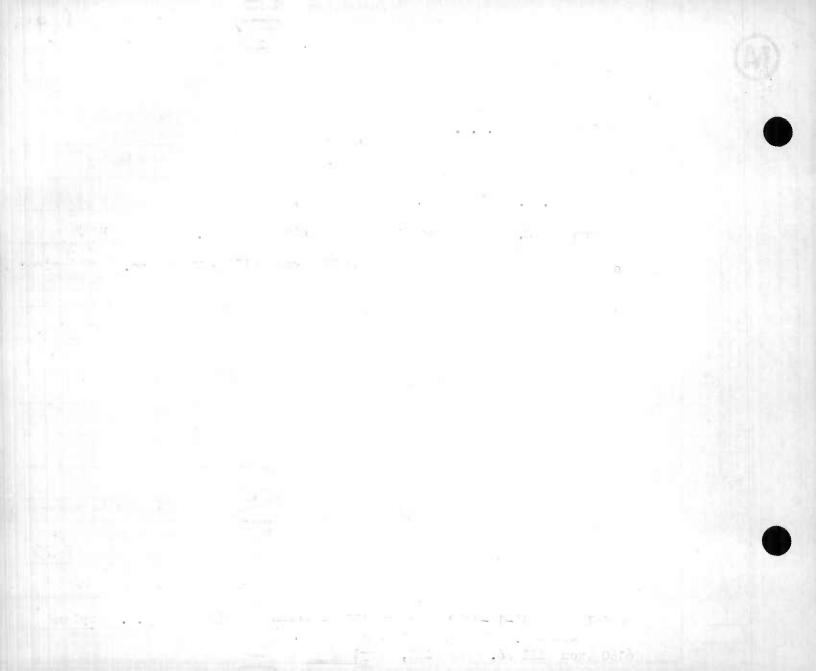


DEPARTMENT OF HEALTH AND MENTAL HYGIEI - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN I MONTH (TYPE OR PRINT) OF ESTI-AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD S-BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED OR TOWN OF DEATH RETAIL 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 3c CITY OR TOWN DOG WINDHAM ROAD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE OBERTA 6006 WINDHAM RUAD. (YES, NO, OR UNKNOWN) hA48FL, mp. 20816 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 generalized asterioschionis 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO F 210 EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY SUBJECT CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED (AT HOME, 21f. LOCATION AT WORK AT WORK 6006 WINDHAM 22a I certify that I took charge of the remains described obave, held an Autopsy and in my opinion Undetermined manner Homicide death resulted from: Debuty TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRES 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. Rodriguez.M.D. 23r. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE JAN. 2, 1980 MARYLAND NATIONAL CEM. LAKEEL SANDUSPRING AZSO. DATE REC'D. BY REGISTRAR ZSb. REG 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) ECK LAUPEL FUNERAL HOME INC. 15M 7/76

15000 TO THE COURSE IN THE WARRY The state of the s The same of the sa CONTRACTOR OF THE PARTY OF THE Compact & Shallow A RELEASE F. Rodrig Co., st. 1. 2009 Variation Co., on a State of the August A.

and the same	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	9 REG. NO	3 1	6	1 5	
(NA		CEASED NAME ORPRINT)	FIRST	^	MIDDLE	_	AST	28 DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR	
			JOHN		W		RRISH		12	1/	/9	5:15 PM	
stor, Parafter after	3 SE	x	A STATE	4 RACE		5 DATE C		6. AGE JIN YEA	RS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS	
recto rrs af once		Male	White		June		9, 1889	90	Y	-			
. Po =	7a B	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED MEVER MARRIED		9 BALTIMOR	E CITY OR COU	NTYOFD	EATH		
funeral in 72 h	1	Alabama		U.S.A.		WIDOWE	D DIVORCED		George			MD	
by the ed with		RIVERDAL	E			NG HOME OR OTHER INSTITUTION TADDRESS) AL HOSPITAL		17R USUAL OCCUPATION 12b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
be fill	USU 13a	AL RESIDENCE (#1	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13m STREET AL	DDRESS		4	Gov	
E E E	M	aryland		. CO.	Brentwoo	-	YES X NO	3715	Taylor	Stre	et		
s she x	14. F.	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NAME			MIDDLE LAST			
comple.	4	John	7		Parris	sh	Viney	_	Emb				
d co		WAS DECEASED EN		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDRESS				
an and Pages t, the n		Yes	WWI	TAN ON DATES,	214-36-2	2653	May Parrish	(Wife)	Same a	3 # 1	3.		
The formal of the following the formal of the forethe of the formal of the formal of the formal of the formal of t	MEDICAL CERTIFICATION	PART I. DEATI 8	IMMEDIAT IMMEDI	DBY E CAUSE (a) DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CC IPB CONDIT 19 CONDITIONS CC IPB CONDITIO	FINJURY M. MONTH D, M. DFINJURY SEE! FACTORY, OFFICE, F e deceased fram ### Company ### C	ENCE OF CONTROL BUT OPERATIO AY YEAR 19 ARM, ETC.) DECEMBER DECEMBER APPLICATION DECEMBER DECEMBE	Pleur Pl	200 AUTOF YES RED JENTER NATU	PSY? 206. IF IN CE IN CE IN URY IN ITEM	YES, WEI RTIFYING YES [] 18, PART I C	N PART 1(a RE FINDING CAUSES C DRPART 2) DUNITY	GS USED OF DEATH? NO STATE	
TO FUNE ALONG retained by the hosp TO FUNE RAL DIRE should be detached if with the State Dept. MPORTANT: If Ite		224 PHYSICIAN'S Dr. Ab:	NAME ITYPE OF	abela, 1	M.D.		ATTENDING PHYSICIAN S 220 ADDRESS 4404 Queensb	ury Rđ.	STAFF PHYSICIAN River		/2-/	7-79	
//	230	BURIAL, CREMATIC SPECIFY)	ON, REMOVAL	236. DATE	,		EMETERY OR CREMATORY	23d. LOCAT	TOWN	COUN	TY	STATE	
BPOO	-	Cremat		DEC/19	9/79 Ft	. Lin	coln Cemetery	Brent	wood. P	G. C	9 N	laryland	
DHMH-16 25M (VRA 15, 4) 1/79		uneral director		Home 1	ADDRESS Riverdale	. Mar	vland DEC	2 0 197	WOOD P	Jan Jan	LOAD GUIN	7	
	-						V					£	

Marie 20 Company of the State o National U.S.A. U.S.A. Printed to the Council Printed Council Council In M. House and Land Commun. Destroy. Commun. States States States In States Margarian 2.0. pg. Trunklan X 215 cales Street the season (else) while the last like - i - it's The secretary maked as the second of the sec The contract of the contract of the conduction of

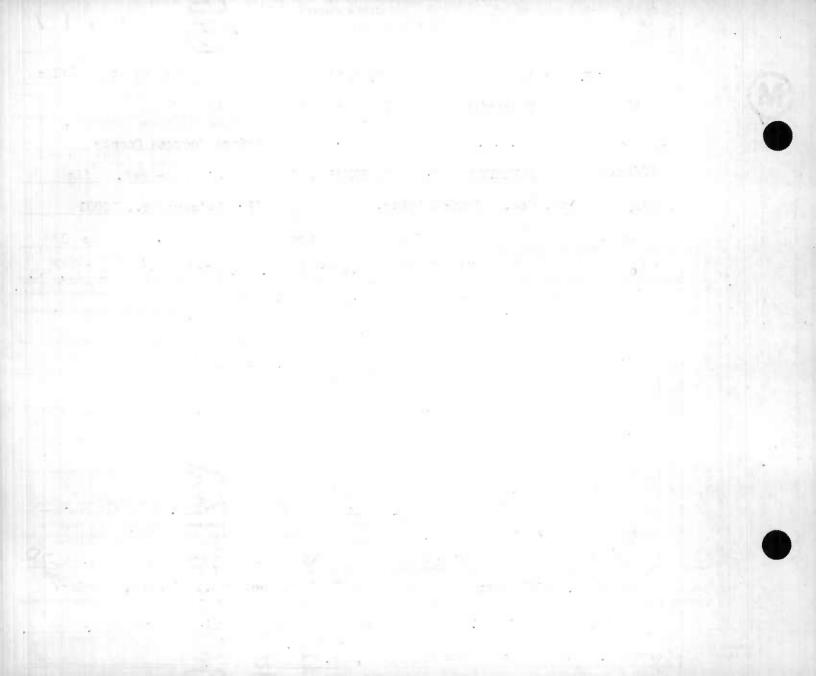


TTENDING PHYSICIAN: The low attending physicion.

TO HOSPITAL

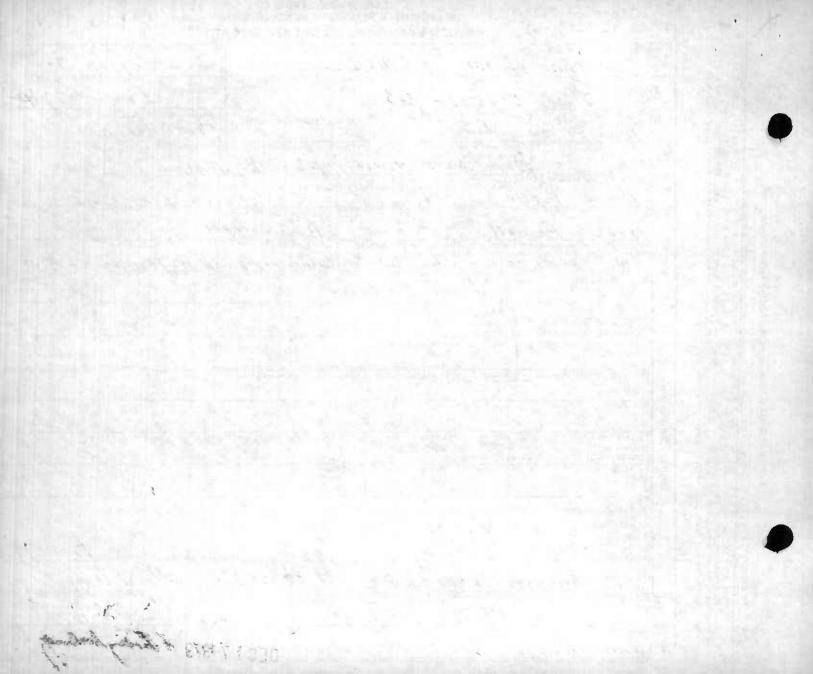
requires that the death certificate be executed within 24 hours after de

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9 3	1617
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 3	MICHAEL	(MIKE)	PEDULLA	12 2	6 79 6:38am _M
d is	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS
ors of	Male	Caucasian	07 06 99	80 YRS	MONTHS DATS HOURS MIN
the funeral director, page 3 d within 72 hours after death rified at ance.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	75 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED DIVORCED	Prince Georges	
by the fu	OCLINTON OF DEATH	SOUTHERN MARYL	AND HOSPITAL CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
filled in hould be	Maryland Pri	or other institution, give residence before the state of	Hghts. YES NO NO	13. STREET ADDRESS 4100 Leisure Dr	., 20031
ompletely ond 2 sh	14 FATHER'S NAME FIRST Frank	MIDDLE LAST Peda		WIDDLE	Piccolo
g physician and connects. Pages I emoval event, the medical	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES! 579-07-			eisure Drive ow Heights Md. APPROXIMATE INTERVAL LETTUREN ONST AND DEATH
is signed by the attending. Then please remove carb, to burial, cremption, or rightry, or other troumotic.		DUE TO, OR AS A CONSEO	tente	VICTORY OF CONDITION G	IVEN IN PART 1(a)
tion. the has been the prior hows ony in	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO
g physicile ertificate rial-transitional Hygirem 18 sh	OR CONTRIBUTION OF CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ter this can be bounded on the bound we have a riked or but the documents of the bound we have been been been been been been been be	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: Af I for use a of Health	above (1) (we) (did) (did	on	, ond that in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
by the hospital Direction of the post of the period of the	27b. SHENATURE	2 4940		MEDICAL STAFF DIRECTOR PHYSICIAN	26 Dare
retained by it	Stephen G. (Goldberger		anch Ave., Clinto	on, Maryland
BP	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	12/28/79 F	NAME OF CEMETERY OR CREMATORY Resurrection Cemeter	23d LOCATION CITY OF TOWN CY Clinton P	county STATE
DHMH-16 20M (VRA 15, 4) 7/78	George P. Kalas	ADDRESS 6	5160 Oxon Hill Hd.	TE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

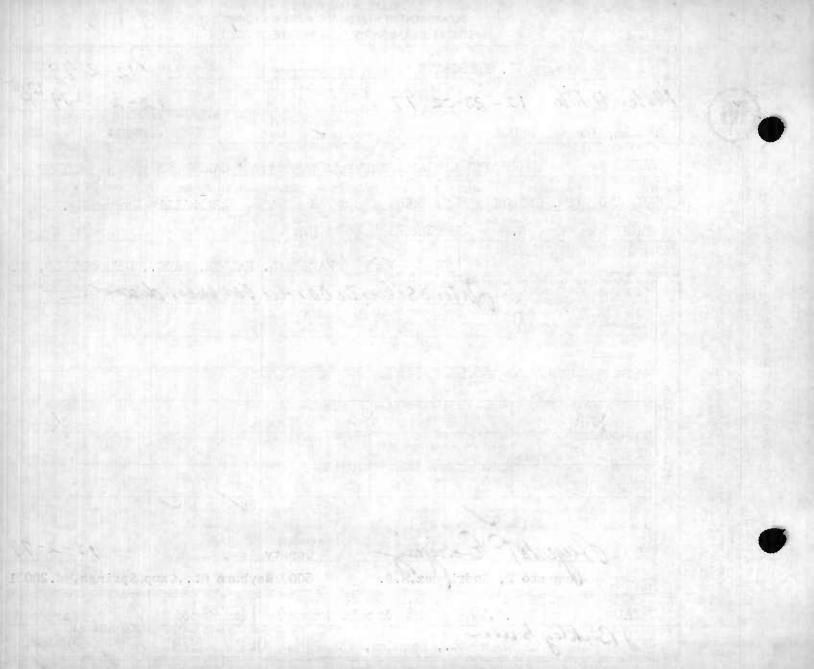


THE TAXABLE PROPERTY OF THE PR

1	1-		DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 6 9
		STATE 1-24-80 a	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	G. NO.
		EASED NAME FIRST	MIDDLE DATE KNOW OF ESTI-	7.
ASE OR. URS URS EET,	2.65	Vohn	HENRY PUWEZE DEATH MATE	0 5/2-11 19/9
SARY. PLE COUR FOR THE TON STRING	3 SE	Male Black	5. DATE OF BIRTH MONTH DAY YEAR STEUNDER 1 YR. IF UNDER 24 HRS. 2c DATE MONTH DAY YEAR STEUNDER 1 YR. IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	12-11 1979 18-N
WITH WITH	70. B	RTHPLACE (STATE OR REIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY? (4. 5. 4 WIDOWED DIVORCED DI	TLAGES MA
SHE SE TA	119	CUSTLY	AME OF HOW ITAL, NURSING HOME, OR OTHER INSTITUTION AITY, GIVE STREET ABORESSI FOR MOST OF WORKING LIFE FOR MOST OF WOR	OR INDUSTRY
AND 3 AND 3 RETAIL HOULD	USU/ 13a. S	L RESIDENCE (IF IN NURSING HOME-OR TATE Md 13b COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	tn. Kend
AD S 1, S 1, V	14. F.	THER'S NAME GEORGE POL	MIDDLE IS MOTHER'S MAIDEN NAME FIRST BESSIE N/ en/	LAST
BALTIMORE, JRS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF		AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	PRESS
URS AFTER 8. GIVE PA WITH FOR 1. PAGES 1 DIVISION			ne JAKNOWIN CATHERINE Powell 1137	Thomas st IV. W
00		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,	-	5 1/5	DUE TO, OR AS A CONSEQUENCE OF	
WITH CILLINER INER TAL I		Canditians, if ony, which gave rise to immediate	(b)	
301 W. PRES CUTED WITH IN PENCIL II EXAMINER REALTRANS D MENTAL I		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
SHOULD BE EXECUTE ORD "PENDING" IN P ORD "PENDING" IN P ORD "PENDING" IN P ORD THE ORD		PART 2 DINER CICNICICANS CONDITIONS CO	(c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
UULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN BE MEDICAL EXAMINER A SER DA SA BURIAL-TRANSIT HEALTH AND MENTAL HY CREMATION, OR REMOVAL	Z	TAKE 2 OTHER SIGNIFICANT CONDITIONS O	DETAILED THE BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).	
HIEF W USED A USED A OF HEAL	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SSEDP 7	I H			YES 🗌 NO 🗆
T O STATE		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	EM 18 PART 1 OR PART 2)
CERTIING DED T S S SHOPPRIOR	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	5	AT WORK AT WORK	CHYOKIOWN	COUNTY
OK 1- O		220. I certify that I toak charge	e of the remains described above, held on Autapsy , Inspection , Inquiry	ond in my opinian
¥ E B D E S		death resulted fram: Natura	al coures . Accident ., Suicide ., Homicide . Undetermined manner	
. XHEESS		ACTUAL SIGNATURE VELGEN	* Foliquer Medical EXAMINER	DATE /2-11-79
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	0	EXAMINER'S NAME TUGUS	STIP RODREGUEZ ADDRESS TO THE Ray pursul	Fourt any hary
000	_	TRIAN, CREMATION, REMOVAL IJ	2-14-79 HARMONY CHICALIN	nd The Buce STAN
HMH-17 20M 1/73 (VR A15 ME (5))	24. F	INERAL DIRECTOR	4425 ADDRESS 250. DATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	14	Washington +:	Suns Mannie H Bungoucks Dra 171070	mounds.

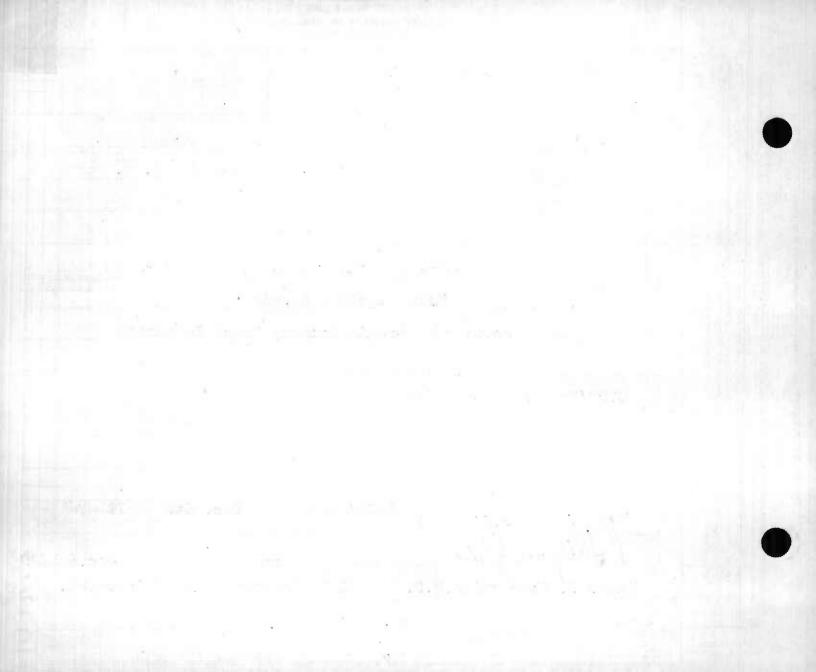


15M 7/76



0 12					STA	ATE OF M	ARYLAND					
X		FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE Q	3	6	2	
(MM)		STATE REGISTRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICATE O	F DEATH	REG. NO		157/10	
	I. DEC	EASED NAME	FIRST	A SALIN	WIDDLE		LAST		KNOWN T	MONTH DAY	YEAR	2b HOUR
MIN 19 AV TO	(TYPE	OR PRINT)	losuph	7.	PRUD	FN.	Sr.	OF DEATI	ESTI-	12-2	20 76	4.4
PLEA. RECTON R FILES HOUR	3. SEX	14 RAC		DATE OF BIRTH	6. AGE (INY	EARS IPUN	DER I YR. LIF UNDER			MONTH DAY	YEAR	2d HO59
PERECUSE BY STE	M	11. B	1 2 "	YONIH BYA	1 AST BIRTHI		S DAYS HOURS	MIN PRONOL	JNCED , a	- >	20	1306
SARY VOL TON	70 811	RTHPLACE (STATE OR	HOL F	eb.27,1	1919 60	rRS.			MORE CITY O	R COUNTY OF	DEATH	T+ M
V L RES H R R R R R R R R R R R R R R R R R R	FO	REIGN COUNTRY)		0	AT COOKINT?	MARRIE		ED L	11100	Gone	00	1
W. S. S. P.		orth Caro		USA	ITAL, NURSING HOM	WIDOWI			UBATION	OF WORK 12h KI	ND OF BUS	MD.
AV IS THE P	10 CT	IT OR TOWN OF DEA	AIH II.		LITY, GIVE STREET ADDRESS)			EOR WOST OF W	UPATION (TYPE ORKING (IFE)	0	R INDUSTR	
- C C / / /	C	heverly	F	rince	George G	enera	al Hospit	alClaim	Adjus	ter		
	13a. S1	L RESIDENCE (IF IN NU LATE	13b. COUNTY	HER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS!	SION)	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS			
F AND 3 RETAIN RECORD	Ma	ryland	Cheve	erly			YES NO	1703 -	61st	Avenue		
O TONA	14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE		LAST	
ORE, MD. R DEATH AGES 1, RM PM AND 2 OF VITA	11.3	George		E.	Prude	n	O'Mall	lie	Minore	Ba		
MORE FTER DE FORM SS 1 AP		AS DECEASED EVER			166. SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS	Chow	erly	MD
BALTIMORE. RS AFTER DE GIVE PAGE WITH FORM WITH SORN DIMISION OR	(YE	YES	(IF YES, GIVE WAR	OR DATES)	155-09-	9174	Parthen	a Prude	n-Wif	e-1703	-615	- Ave
BALTIA URS AFT WITH PAGES		18 CAUSE OF DEAT	TH (Enter only o	ne couseemer line f	The state of the s	2-1-	Far chen.	Lu FI uud	211-11-1	A	PPROXIMATE	NTERVAL
		PART I DEATH W	AS CAUSED BY	· Del	In outo	11251	Leister C	andial	insaulo	Solesta	WAN ONSET	AND DEATH
ON ST., 124 HOL ITEM 18 ALONG PERMIT CIENE.		うどハハ	IMMEDIATE C		AS A CONSEQUENCE		70001 [crace v	ascar			
SIT HYO		Canditians, if	any, which	DOL TO, OK A	S A CONSEQUENCE	Oi						
		gave rise ta	immediate	(b)								
> 0m3,"		cause (a) stating lying cause last.		DUE TO, OR A	IS A CONSEQUENCE	OF				201		
SE 55				((c)								
DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" RDED TO THE CHEF MEDICALE 3 SHOULD BE USED AS A BE TO SHOULD SHOUL	-	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	TRIBUTING TO DEATH BI	JT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 a.				
RECORE PENDIN PENDIN PADIC PATH REMATI	CERTIFICATION											
AL REPUID NEW THE AND	S	19a. DATE OF OPER	ATION	196. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20.	AUTOPSY?	
VITAL SHO ORD ORD TI OF RIAL	E										YES 🗌	NO 🗆
CATE SHORE HE WORE THE CHUID BE UNIT BE UNIT OF BEILE OF BEILE OF BEILE OF BEILE OF BEILE OF BEILE OF BURIAL	Ü	210 EXTERNAL CAU		11b. TIME OF	MONTH DAY YEA	21c HC	W INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)		
N TOO	S	UNDERLYING CONTRIBUTING	CAUSE OF DEA		19							
IVISION CERTIFIC TING 14 DED TO 3 SHOI DEPART	MEDICAL	214 INJURY OCCUR	RED	21e PLACE O	FINJURY (AT HOME,		TATION	CITY OR		COUNTY	The	STATE
DIVIS THIS CER WRITINI WARDEN VARDED AGE 3 ATE DEF	\$	WHILE NOT AT W	WHILE	STREET, PACIC	RT, PARM, ETC)	3	IRCET	CITTOR	/ /	COUNTY		SIAIE
E, W PAI PAI STA	- 15			/								
CAT RES					ribed abave, held an	Autaps				d in my apinian		
A - CI # CI # A	1	death resulted fran	n: Natural c	auses [],	Accident L., S	vicide	, Hamicide L.	Undetermined	manner [],			
PER KARY	100	ACTUAL A	11.01.11	341	11110011-		TITLE (SPECIFY)			DATE /	1 - 9.	TO
MEDICAL EXAN CUTE THE CERTIF EA SHOULD B FUNERAL DIRE ER DEATH, WITE TIMORE, MARYL		SIGNATURE	action of	11.1	ally files	M.	Deputy	MEDICAL EX	AMINER	DATE SIGNED	-	74
MEDIC. CUTE TI SE A ST SE A ST SE A ST SE DEA		EXAMINER'S NAME	Alfonsto	P. Rodr	i alies M T		5000 P	auburn C	+ Camp	Saring	Md '	20031
TO ME PAGE PAGE AFTER I BALTIM		(TYPE OR PRINT)					ADDRESS R			Shriug	s, riu.	20031
SATION AND AND AND AND AND AND AND AND AND AN	23a.BI	URIAL, CREMATION, PECIFY)	REMOVAL 11	DATE	23c. NAME OF CI			23d. LOCATION CITY OR TOWN		COUNTY	• STA	TE
BP		Burial	1/1	2/5/78	Meling	ton/N	National	Ft. A	lyer,	Virgin	ıa	
DHMH - 17	24. Ft	NERAL DIRECT	MIN	1 freeze	selva	21.	111	REC'D. BY REGIST	1 13			
(VR A15 ME (5)) 15M 7/76	St	tewart 👂	uneral	Home-	4001 Ben	ning	Rd., N.E	L U 197	Per	tow head	Serley	

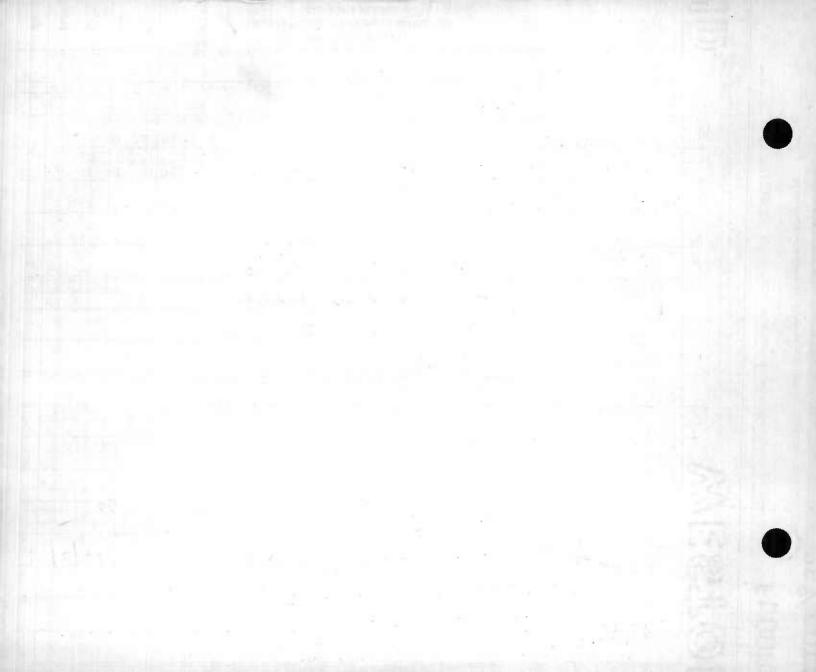
A THE RESERVE OF THE PARTY OF T 7, Javarl Hills of a color of the Color of the Fireber ICV to General E. Grean ('Bellie the state of the second contract the second second second MENTE THE RESERVE OF THE PARTY The state of the s rest to the state of the state



STATE OF MARYLAND FOR ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN CONTH (TYPE OR PRINT) OF DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR F UNDER 24 HRS DATE PRONOUNCED DEAD D BIRTHPLACE WIDOWED T DIVORCED SITY, OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 011 14 FATHER'S NAME LAST enny M. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Samens 13E 18. CAUSE OF DEATH (Enter only one cause per line far (9), (b), and (c). PART I DEATH WAS CAUSED BY: Cludes Uscaler delas IMMEDIATE CAUSE (o Conditions, it ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US 9 YES NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held on Autapsy TO MEDICAL EXAMINER:
FRECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, 2 OR: Homicide deoth resulted from: Natural couses Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez, M.D. TYPE OR PRINT nnndale 250. DATE REC'D 24. FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/76

Augusto ... Porti Hez. H. H. S. 2019 And The Co., Coun But har Do. 2010

26	1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 7 9 3	1624
1	Τ,	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	, , ,
(Bd)		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	L	GEOR	GE T.	REDMON	12 0	7 79 5:15 ^{am}
E P	3 5	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	4 AGE (IN YEARS LAST BIRTHDAY)	F UNDER TYEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN.
urs a		Male	Caucasian	10 06 18	61 YRS	
rerol di 72 hor	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
A A C 44		ashington, DC		WIDOWED DIVORCED	Prince George	
by the fur filed within	5	Clinton	SOUTHERN MAR	YLAND HOSPIAT	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Postal Clerk	
filled in ould be	130	ual residence (# nursing home o state 136 cour aryland Prin	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Clint	VN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 8400 Deborah	St. 20735
2 sh	14.	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
and 3	0	George	T. Redmo			Beech
Pages I	160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ife) ADDRESS	
Page ex			577-18			Same as #13
g physicic an papers remaval event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (b) BY: TE CAUSE (a)	11. 11. 0 4.0	ase	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attendin nave carb atian, ar		1717	DUE TO, OR AS A CONSEQU	ENCE OF	,	
ation roun		Conditions, if any, which gave rise to immediate	(16) Carcin	come of the	braun	
d by the lease remial, cremi		couse to 1, stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ence of aille,	_	
n signe Then p r ta bur	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
ine law ician. Ite has been sit permit giene prio shaws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	N, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
g physici ertificate ial-transi intal Hygi tem 18 sh	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART I OR PART 2)
ar attending After this ce as the burally and Me marked or 1	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Affar use a af Health		saw the deceased alive on	ital) attended the deceased from	79 , and that in (my) (our) opinion	death occurred on the date and hour	19, that (i) (we) last r and from the causes stated
At DIREC detached ate Dept.		22b. SIGNATURE	Jusalin.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 7 71
UNER UNER Id be the St		WAL PHYSTCIAN'S NAME ITYPE C		22e ADDRESS		1
retained by TO FUNER should be a with the Sic		A. Go	onsalves, M.D.	Annapolis	Federal Bldg,	Waldorf, Md.
00	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	12-10-79 Ce	edar Hill Cem.	Suitland	P.C. Md.
DHMH-16 20M	24	FUNERAL REFORETE E.	Wilhelm ADDRESS	25a. DAT	E REC'D, BY REGISTRAR 256 REGISTI	
(VRA 15, 4) 7/78		Funeral H	Ome Inc S	Suitland, Md. D	EC 1 3 1979 Acr	



STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO MIDDLE 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Inla AGE IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD MARRIED NEVER MARRIED WIDOWED [NAME OF HE G HOME OF OTHER INSTITUTION IL FATHER'S NA WAS DECEASED EVER IN U.S. ARMED FORCES?
YES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) ADDRES 166. SOCIAL SECURITY NO 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO [210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Accident Homicide Undetermined monner deoth resulted fram: Natural causes Suicide TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE O
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, '
BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 23a. BU REGISTRAR 1256, REGISTRAR'S SIGNATUR **DHMH-17** (VR A15 ME (5)) 15M 7/76

Charles of the Congress and May September 1 to the contract of The state of the s The Course of Market States of the States of do a man merina que se a la receptione de la consequencia della della consequencia de la consequencia de la

DEPARTMENT OF HEALTH AND MENTAL HYGIENI FOR - STATE REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALLIMORE CITY OF COUNTY OF DEATH a BIRTHPLACE NEVER MARRIED U.S.A. Penna. DIVORCED OR TOWN OF DEATH JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Ret.Floor Finisher RESIDENCE BEFORE ADMISSION JSUAL RESIDENCE HE IN NURSING ME OR OTHER INSTITUTION, GI 13a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS - 29th Street Md. Pr. Geo. Mt. Rainier 4521 YES X NO T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Mary Ellen Gibson Daniel Reven 16b. SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Same as (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Faye E. Reven Wife ! Above No 177-03-3116 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse partie for (o), (b), and (c) ummany dulan PART I DEATH WAS CAUSED BY Bruchul DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 301 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES . NO T 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE SI BALLIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held on Autopsy Hamicide death resulted from: Notural couses Accident Undetermined manner TITLE (SPECIFY) DATE 13-16-79 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. Rodriguez, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STAT VA River View Cem. Strasburg Shennandoah Burial 75a. DATE REC'D. BY REGISTRAR 25b. 24. FUNERAL DIRECTOR **DHMH-17** Nalley's F.H.Inc. "Mt. Rainier, Md. (VR A15 ME (5)) 15M 7/76

THE RESERVE THE PARTY OF THE PA ALMERS OF THE STATE OF THE STAT Leading (artist agents), is again to the constitution of from the state of HARLEHOUR YES IN THE RESULT OF THE PARTY OF .nW

A.c. U hy winighty test Maryland Prince George's needed and the second section of the ound 1381 Plane .pla, ye.laki arot ush -eolosye. .a ammu - &id--BL- Wit The state of the s and the description of the same of the sam TO 84 TO 10 TO Late to testing a content of the con arorm Runeral Home, inc. Marrin ours, . . .

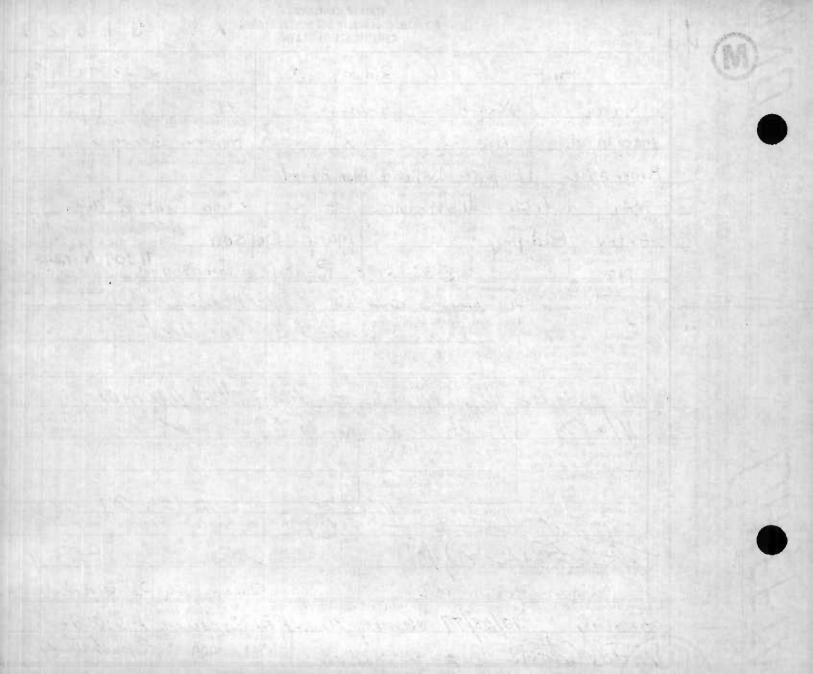
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 8:20 26 HOUR TYPE OR PRINT 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF LINDER COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED X BALTIMORE, MARYLAND 2120 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. ___, that (1) (we) last saw the deceased almoon. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (I) (we) [did) (did nat) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRES 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL TRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

TELL SAID SEA STORMED TELLIFORM SEE STORY SEE THAMPIARY THEY TRAVER MENCE THE THEMPERS MARYLANZ FRINCE GEE'S THICOURTER X 7868 MENDEWICK FRENCH ATTHUR I FICHMENS JESSIE ANN NULLIAMS MES WING IT STEVENS WESTERNESS CHEENER

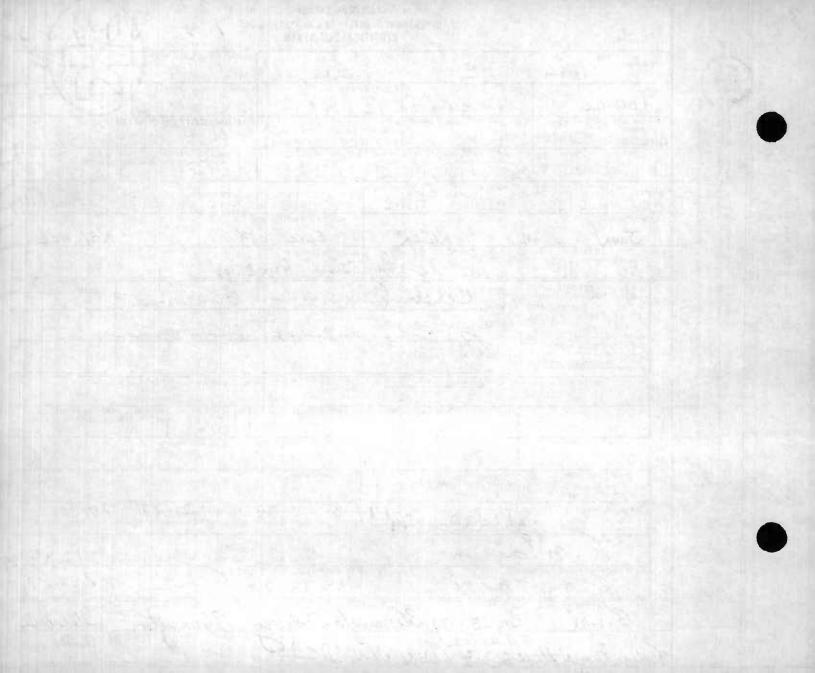
Carrett of Threadt as well

So on declar is an at morning of the

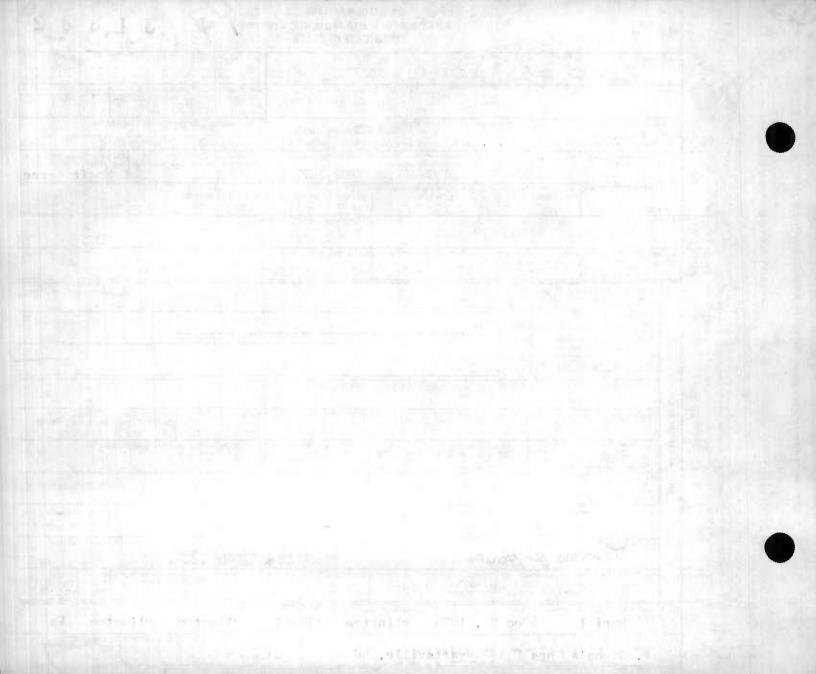
MUCHERE KAKIM Sollander and was the



		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	DIENE "2 (2)	90.03	
	1 -	STATE REGISTRAR	DLI ANI	CERTIFICATE OF DEATH	REG. NO	3 5	30
(KA)		CEASED NAME FIRST CR PRINT) LAURA	MIDDLE	RISER	12 23 79	AONTH DAY YEAR	S 40
	3 SE)	FEMALE	1 RACE CAUCASIAN	S DATE OF BIRTH MONTH DAY YEAR 12 14 83	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
72 how	70 BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	14/17/03	A A	COUNTY OF DEATH	. NTI/
ontified of	4 17	OMINGTON INDIS	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATIO		F BUSINESS OR
ould be file	USUA 130 S	RESIDENCE HE NURSING HOME OF	NTY 136 CITY OR TOV	INSIDE CITY LIMITS?	TEACHEL 13e STREET ADDRESS	D1 . C . H	land 101
shou	14. FA	THER'S NAME	KE GEONGS SUITL	YES NO 1 15 MOTHER'S MAIDEN NA	ME 3315 SWG	unn ka, journ	and Jivo,
ges I and dicol exam	16s W	YAS DECEASED EVER IN U.S. AR	M . KISE	PELIZAGI.	ADDRES	KEIC	HEL
s. Po	(1)	ES, NO OR UNKNOWN) (IF YES, GIV	579-60-	2906 BELLAK ROBO	SETSON		MATE INTERVAL
eose remove carbonpaper ol, cremation, or removol. or ather troumotic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ENCE OF selente	Head a	In /p	3
injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(0	1
shaws only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DELIFETHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH D	AY YEAR 19 21t. HOW INJURY OCCUR	RED ENTER NATURE OF INJURY	IN ITEM 18, PART I ORPART 2	
morked or	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	N COUNTY	STATE
n 21 is		sow the deceased alive or obove. (1) (we) (did) (did no	ot) ottended the deceosed from	ond that in (my) (our) opinion	death occurred on the da	te and hour and from the c	
VI: If Item		22b. SIGNATURE	love , mo	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	AN D	LY 10
should be deto with the State I		22d. PHYSICIAN'S NAME (TYPE O		27. ADDRESS 4235 2	& Don	- Mr	-W3)
- 2 3 3	230 B	URIAL, CREMATION, REMOVAL	236. DATE 231. 230. 28 1979	NAME OF CEMETERY OR CREMATORY CIMILLY	23d. LOCATION CILYPRIOWN	atin County Ille	enous
OM 7/77 5 (4))	24 FL	NERAL DIRECTOR NAME FUNDAL HI	9 4. Walters ADDRESS	10/1/10-16-		S. REGISTRAR'S SIGNATU	JR5

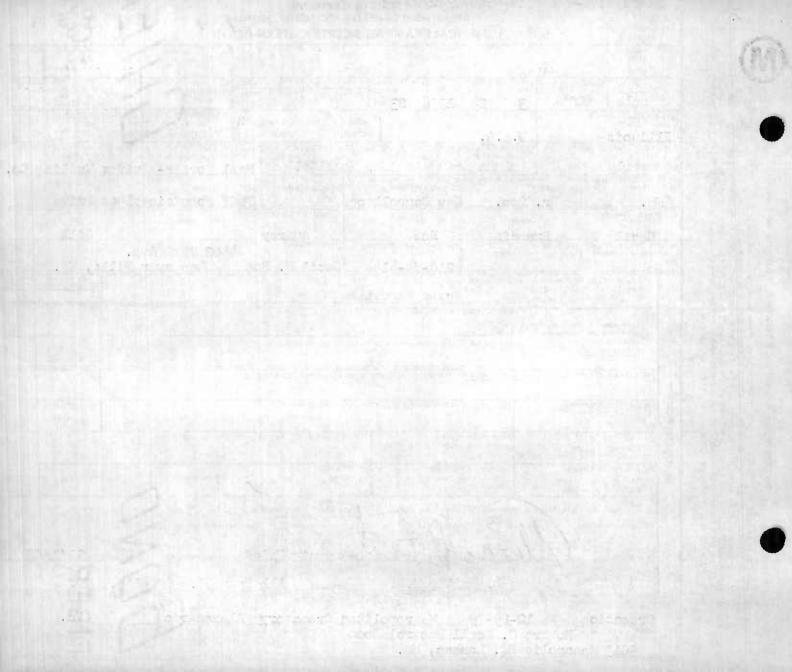


12 15 79 5:45	ROBERSON	F BAISPETA	0
			J Black
PRINCE GEORGES		A:30	
	CES GEVERAL HOSPITAL		
	and the same as		
	and the same of the	dua.	
	The good Com	- 77	
	t be e		
	0 -34 . 5		



12 10 72 11:07		NSON	1908	MALE	
1 27		10 79	12	BLACK	EJA:
	PRINCE GE	×		U.S.	MARYLAND
		JATISCO.	GEORGES GENERAL	PPINCE	CHEVERLY
16	RT 4 BOX 1	X	BR 4 DY: ITVE	.6.	G ALIYAN'
MOSHIBON	Ð	ALLELIA			ANA
E, 10.	I ER MOY I'I	RT 4 BOX 1	ANI		0/4
	1 1	AUTOVICE)	M. R. A. C. C.		

	Items 7	f10a=22a r	11m G540										
1	FOR STATE			DEPART	MENT OF H	HEALTH A	ND MENTAL H	HYGIENE	9	3	1	6 3	4
	REGISTRAR		ME	DICALI	EXAMIN	ER'S CER	RTIFICATE			REG. NO.	20		STEEL ST
	ECEASED NAM	E FIRST		WIDDIE		LAS1		20	DATE KNO	OWN T	MONTH	DAY YEAR	26. HOUR
	YPE OR PRINT)	Candi	00	Tee		Roe		1000	OF E	211- 17	12	26 19 79	A.
3. S	EX	4 RACE	5 DATE OF BIRTH	1	6. AGE (IN YEA	RS IF UNDER	R 1 YR. IF UNDER			M	HINON	DAY YEAR	Za. HOUK
	Female	White	MONTH DAY	YEAR 1950	tast Birthda	Mediana	DAYS HOURS	MIN. PI	RONOUNCEI DE AD		12	26 1979	5:30F
70	BIRTHPLACE (7b. CITIZEN OF W					9	BALTIMOR				M
1	FOREIGN COUNTRY						NEVER MARR	RIED LX		_		County	
	Illinois CITY OR TOWN		U.S.A.	CDIT AL AULI	THOU DIAISE	WIDOWED				-	,	26 KIND OF B	1410
			(IF NOT IN SUCH F	ACILITY, GIVE ST	REET ADDRESS)			FOR MC	ST OF WORKING	G (IFE)		OR INDUS	TRY
	Cheverly		Prince				pital	Mail	Sorte	er- Sw	rifts	Maili	ng Co.
	JAL RESIDENCI STATE	(IF IN NURSING HOME OF			OR TOWN	113d	. INSIDE CITY LIMITS?	13e. STREE	T ADDRESS				
	Md.	Pr	Geo.	New	Carrol	lton Y	ES NO	7607	Found	taineb	leau	Drive	2
14.	FATHER'S NAM	E	MIDDLE			15	MOTHER'S MAID		WIDDL			LAST	DOLLEY
9	FIRST	771-			oe	000	Audre		MIDDE			Gill	
160		DEVER IN U.S. ARM			TAL SECURITY	/ NO. 17.	INFORMANT		100 7FA	DDRESS th Ave		VIII.	
	(YES, NO, OR UNKN	OWN) (IF YES, GIVE W	(AR OR DATES)	070	ml. 1.3	1.1.						- 3/2	
H	No CAUSS	DE DEATH / E	100		-74-41	44 10	ecil F.	roe	Land	dover	HILL		TE INTERVAL
	18. CAUSE	OF DEATH (Enter only EATH WAS CAUSED	BY:								-	BETWEEN ONS	SET AND DEATH
	130	19 IMMEDIATI			e Narc								
			DUE TO, O	R AS A CON	ISEQUENCE C	OF .						2012	
		ins, if any, which	(b)										
35	couse (d) stating the under-	DUE TO, O	R AS A CON	ISEQUENCE C)F						330	
	lying co	use last.	(c)										
CERTIFICATION	PART 2 OTHER	IGNIFICANT CONDITIONS C	DATRIBUTING TO DEATH	N RUT NOT RELA	TED TO THE TERM	INAL DISEASE DR	CONDITION GIVEN IN P.	ART 1 (a).					
Z				16-63									
1 5	19a. DATE O	FOPERATION	19b. COND	ITION FOR	WHICH OPER	ATION WAS	PERFORMED?	200				20. AUTOPS	Y?
N DE												YES XX	NO
CERTIFICATION	21a EXTERN	AL CAUSE WAS	21b. TIME C	OF INJURY		21c. HOW	INJURY OCCURR	ED LENTER NA	TURE OF INJURY	IN ITEM 18 PART	T 1 OR PART		
		G QOR			DAY YEAR								
MEDICAL	21d INJURY	ING CAUSE OF D		M. OF INJURY	19	21f. LOCAT	ION			7			
ME	WHILE	NOT WHILE AT WORK		CTORY, FARM, E		STREE			CITY OR TOWN		COUN	JTY	STATE
	AT WORK	AT WORK											
	220 1 cer	tify that I took charge	of the remains of	menhed goo	ve, held on	Autopsy	Inspection	on .	Inquiry [, ond ir	n my opin	nion	
	death resu	ted from: Mutura	A course X	Accident	JA 500	cide/	Homicide .	Undeter	mined manne	er .			
		//	//	11/	14	1	TITLE (SPECIFY)						
	ACTUAL	(/	11 xn	nH.	1/20	Man	eputy Ch	iefusor	AL CVALLE	ED	DATE	12/2	28/79
5	SIGNATURE	4	A. G. Coloredon		Andread Control	-	0,000	ALCO INC.	AL EXAMINE		SIGNED		
4	EXAMINER'S		mas D. S	Smith.	M.D.	ADI	DRESS 11	1 Penr	st.	Bal	Lto.,	MD.	
72-	TYPE OR PE	ATION, REMOVAL 23	CONTRACTOR OF THE PARTY OF THE	AND DESCRIPTION OF THE PARTY OF	NAME OF CEA		D NESS			25-0-2			
230	(SPECIFY)	11-9622-61						23d. LOC CITY OI		30	COUNTY		STATE
24	Crema FUNERAL DIRE		12-29-79				Cremator	REC'D BY	exandr	75b REGISTI	RAR'S SM	Va.	0
24.	NAME		t G. Be	90		nome	17	IN	1980°	Part 1	1973	A SULLO	7
	001	3 Annanol	IS Kd. Ls	anham.	Md.		01	- / /				1	



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. The low requires that the death certificate be executed within 24 hours ofter death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the tree the part of the tree to the buriel troops because or the buriel troops to the buriel troops
with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

medicol examiner must be notified an ana

MPORTANT: If them 21 is morked or them 18 shows ony injury, ar other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	3	6	5 3
1		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
-1	,,,,,	Hele	en Ma	arie	RO	SE	December	26, 1	979	1:50 DM
1	3 SEX		4 RACE		5. DATE C	0429 94.0	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
4		Female	White		-	uary 14, 1899	79	YRS.	MONTHS DATS	HOURS MIN
1	7a. BIF	RTHPLACE STATE OR FOREIGN TILLINOIS	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY Prince-Ge	_	OF DEATH	MD
C	Н	TY OR TOWN OF DEATH [yattsville	(IF NOT IN SUC	Sacred H	eart	PROTHER INSTITUTION	126. USUAL OCCUPA (TYP Rebiteed ST Accountin	OF WORKING LIFE	E) INDUSTRY	ounting
6	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	GIVE RESIDENCE BEFOR 130 CITY OR TOW ES Mt.Ra	/N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		Stree	t	
00	4 FA	THER'S NAME PARST David	MIDDLE 4	Rose		15 MOTHER'S MAIDEN NAME FIRST Cecelia	ME		Kilro	.st
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS 2102	2 Brig	hton Rd.
1	(,	NO	VE WAN ON DAILS,	579-44-	2706	Paul A. Cle	mens Avo	ndale,	, Md.	
	NO	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	EN IN PART 1	(0)
5	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	R) P.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	5	22a I certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did) 22b. SIGNATURE	12-21	19_	/	nd that in (my) (corr) opinion of the correction		dote and hou		that (I) (we) lost couses stated
		nomes	1	cinco			DIRECTOR PHYS		1/2-	26//
		Thomas F.	ollins,	M.D.		2600 Queens	SChapel Roa	d Hyat	tsvill	e, Md.
	23a. B	BURIAL, CREMATION, REMOVA SPECIFY) Cremation				emetery or crematory coln Cremator	23d. LOCATION CITY OR TOWN	od	P.G.	STATE Md.

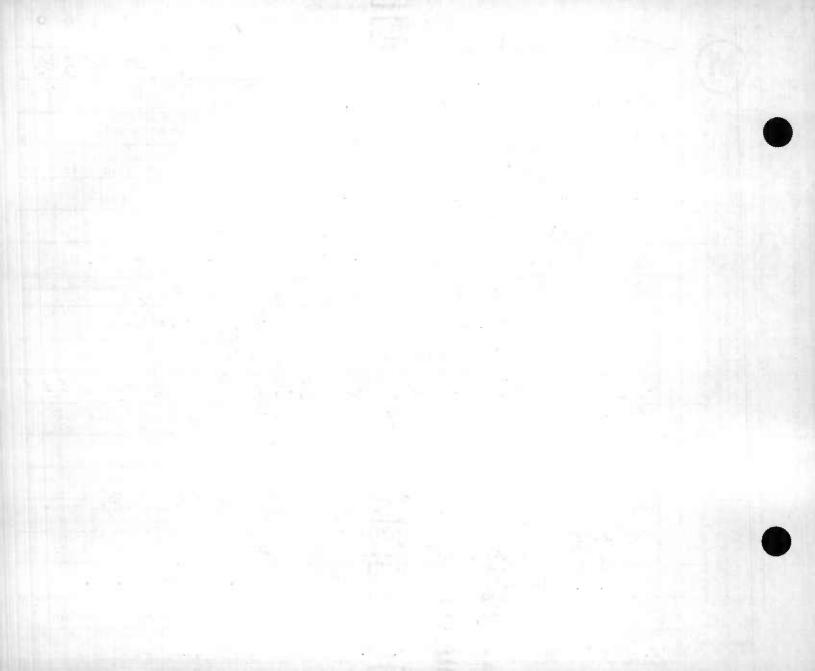
DHMH - 16 50M 7/77 (VR A 15 (4))

74. FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyatts. Md.

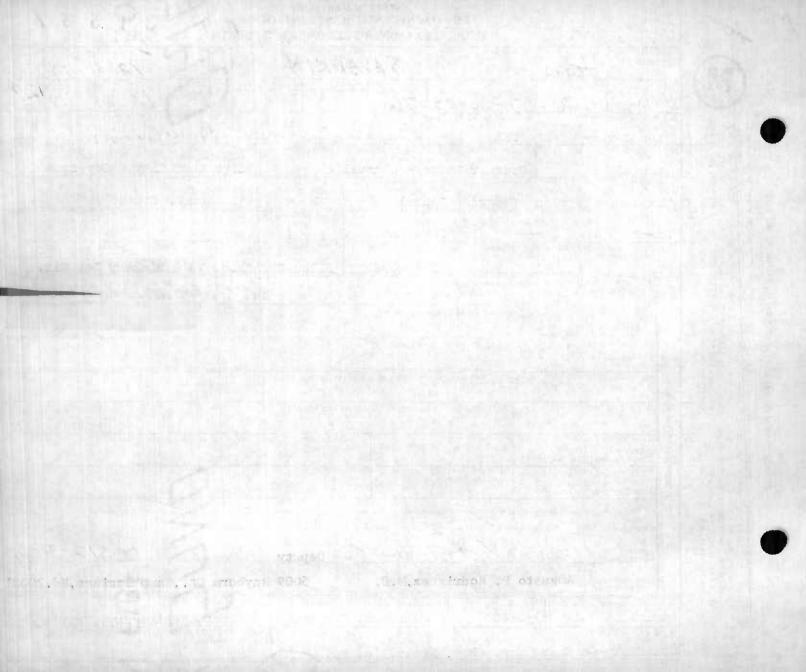
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TANK SO THE PERSON OF

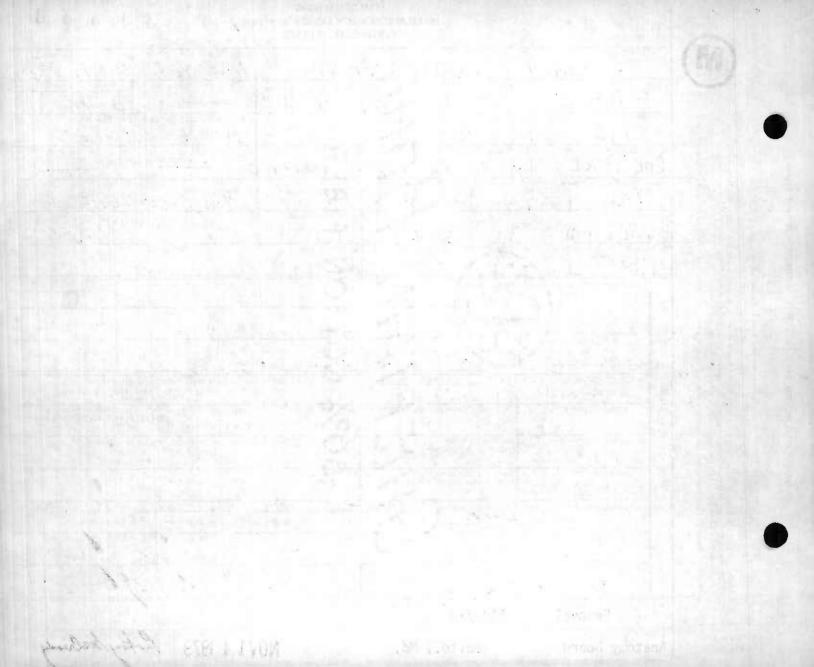
Total laids C.S. Committee 1.50 1.50 Senato C.S. Committee 1.50 1.50 Laid C.
en a vertical de la company de
Attention of the company of the comp
The state of the s
welly are the first of the firs
replaced and college to the college of the college



10	10	1-	FOR STATE			EPARTMENT OF	HEALTH	ARYLAND AND MENTAL H	YGIENE 9	3 1	6 3	7
-	1		REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH RE	EG. NO.		
	_		CEASED NAME	FIRST	A STATE	MIDDLE	*	AST	20 DATE KNOW		TH DAY YEAR	2b. HOUR
	(]			0415		01	AVAL	URIM	DEATH MATI	ED 0/2	-31 1976	M
	(TANT)	3. SE	-	E 5	DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNI	DER 1 YR. IF UNDER :	24 HRS 2c DATE MIN PRONOUNCED	MÓNT	H DAY YY	1345
		111	ale WH	rite	7-30-	-03 76 YI		DATS HOURS	DEAD	13-	3/ 1975	7 A M
	EST	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7	b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIE	D DEVER MARRIE	9. BALTIMORE	CITY OR COU	INTY OF DEATH	
	WITH PARTY		New Jersey		USA		WIDOW	ED DIVORCE	D Pine	Guen	925	MD.
	THE PINE SAN W.	10 C	ITY OR TOWN OF DEA	ATH 1		ITAL, NURSING HOME	OR OTHE	RINSTITUTION	126 USUAL OCCUPATIO	N (TYPE OF WOR	OR INDUS	
	70 m 10]	Laurel	200		Laurel-Bel	tsvil	le	Dispatcher		Governm	
	0 4 0 H		AL RESIDENCE (IF IN NU	ISING HOME OF C	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ON)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
21201	AND		aryland		e Georges		3 1 -	YES X NO	8120 Gorman	n Avenu	ıe	
0.5	- S. S. J.	-	ATHER'S NAME					15. MOTHER'S MAIDE	N NAME			
, MD.	S PAN	S	imon		MIDDLE	Savadkin		Sophie	WIDDLE		LAST	
BALTIMORE	PAGE FORM S 1 A	16a \	WAS DECEASED EVER	IN U.S. ARME	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT	AD	DRESS COL	umbia, N	
MI.	URS AFTEI 3. GIVE P. WITH FO WITH FO PAGES DIVISION	N		N/A	AR OR DATES)	129-18-79	837	Allen Sav	adkin, 7411			
	JRS WITH PAIN		18 CAUSE OF DEAT		one couse per luite f	or (a), (b), and (c), (e)			- 1		APPROXIM	TE POTERTIAL .
ST.,	0 = 0 = 3		PART I DEATH W	AS CAUSED B	BY: Atty	teriopell	Note	L Cardio	Vaseuler,	disca	RIWITH CH	NI AND DRAFF
NO NO	TEM ITEM ITEM ITEM PERV GIENI		14290	IMMEDIATE	CAUSE (0)	AS A CONSEQUENCE						
PRESTON	VITHIN CIL IN INER A ANSIT AOVAI		Conditions, if									
W. P.	D WITHIN THE INTERMET TRANSIT		gove rise to couse (o) stoting		DUE TO OR 4	AS A CONSEQUENCE	O.F.					
301 V	F X X X X X		lying couse lost.									
5, 3(PART 2 OTHER SIGNIFICAN	IT CONDITIONS COL	NTRIBUTING TO DEATH BE	IT NOT OCI ATEN TO THE TERM	DEATH LANG	DR CONDITION GIVEN IN PAR	T 1 (-			
DIVISION OF VITAL RECORDS,	"PENDING" "PENDING" "EF MEDICAL SED AS A BU HEAITH ANG	z	TAKE 2 STOCK STORING	to contonions con	NIKIBOTINO TO OLATII BO	TO THE TERM	INAL DISEASE	DE COUDITION GITCH IN PAK	1 (0),			
EC .	PENGE WEEL AND A HEAL CREM	CERTIFICATION	19a DATE OF OPERA	ATION	19h CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPS	Y2
¥		FIC			110 001 011							
5		ERT	21a EXTERNAL CAU	SE WAS	21b. TIME OF	INJURY	71c HC	W INJURY OCCURRED	CENTER NATURE OF INJURY IN	ITEM 18 PART 1 OF	YES [NO X
0	U = 3 5 0 1		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEAR		The state of the s				
SIOI	SHO SHO SAO	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR	RED	21e PLACE O	F INJURY (AT HOME.	211 100	TATION				
NIV.	E 0 0 a	ME	WHILE NOT AT W	WHILE		DRY, FARM, ETC.)		REET	CITY OR TOWN		COUNTY	STATE
	WAR WAR PAGE TATE		AT WORK AT W	VORK								
	FOR STE		220. I certify that	I took charge	of the remains desc	ribed above, held on	Autops	y . Inspection	Inquiry L.	ond in my	opinion	
	MINE TIFICA BE FC CTOR H THE LAND,		death resulted from	n: Notural	couses .	Accident . Su	icide	Homicide	Undetermined manner	□.		
	EXAMI CERTIF ULD BE DIREC WITH		ACTUAL	A	,00	11.1.	/	TITLE (SPECIFY)		0.4	17-	21-70
	AL HE HOUNT		SIGNATURE.	pregu	not.	range	M	Deputy	MEDICAL EXAMINER	SIG	TE 12-	119
	NOR DEA		EXAMINER'S NAME	Aureust	to P. Rod	riguez,M.D	1	5000 R	ayburn Ct.,(Camp Cr	ringe M	1 20021
	JO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA		(TYPE OR PRINT)			- y	/	ADDRESS		Janip Sp	TILES M	1.20031
02	BATAR	23a.B	URIAL, CREMATION, F SPECIFY) rial			23c. NAME OF CE			23d. LOCATION CITY OR TOWN	С	OUNTY	STATE
00	BP			1.	-2-80	Judean M	em. C	Gardens	Olney, Mon	ntgomer	cy, Mary	Land
	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS			250. DATA	FC. P. BA & 380 K	Secolete	POPPHICES.	9
	(VR A15 ME (5)) 15M 7/76	Da	nzansky-Go	ldberg	Mem. Cha	p. Rockvil	le. M	id.		/		/



-	١.	FOR STATE	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H	YGIENE7 9	3 1	6 3	3 8
(Ŀ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
a (M)		CEASED NAME CINDY	(VMI)	SA	VOV	NOVEMBE		YEAR 1979	10 50
you and	3 SE		A. RACE LACK	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF O		IF UNDER 24 HRS HOURS MIN.
deoth. Poge	7a. B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIEI WIDOWE	D NEVER MARRIED [PRINCE	11.0.		5 MD.
s ofter de oy the fur iled within notified a	10,0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI			12a USUAL OCCUPATE		126 KIND OF INDUSTRY	BUSINESS OR
hin 24 hour hin 24 hour should be in the	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN PR	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	EENL	PAF	RA.
MARYLA ted within ompletely 1 and 2 sh	14. FA	NILLIAM	AIDOLE USI	VOV	15 MOTHER'S MAIDEN IN		(?MHOE) MARK	ES MAN
BALTIMORE, A cate be executed by sicion and car opers. Pages 1. wal.	16a. V	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166. SOCIAL WAR OR DATES)	SECURITY NO.	Adm. (HAPT)	ADDRE	SS	OHV	
+ + + + + + + + + + + + + + + + + + + +		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE!	DBY:					APPROXIMA BETWEEN ON	ATE INTERVAL
death cert offending ove carbor fron, ar rec		747 6 Canditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF		+ OPDA		4m	-Th,
301 W. PRESTON ST es that the death certi ned by the attending p please remove carbon urial, cremation, ar ren v, ar ather traumatic ev		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS		Λ.	n.ten		¥ - 1	
RDS, 301 equires the r signed Then plec ta buriol njury, ar	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT		RMINAL DISEASE OR CONI	DITION GIVEN	IN PART 1(a	
he low redon. hos beer t permit ene prior ows ony i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	SS USED F DEATH?
ON OF VITA IYSICIAN: TH ding physicic is certificate burial-transit Mental Hygici		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJUR	_	OR PART 2)	
NISI G PH affen affen s the s the cond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION STREET	CITY OR TOW	/N	COUNT	STATE
TENDII Ital or OR: A or use or use f Heali		220.1 certify that (1) (his haspit	2Nov 75	and the same	d that in (my) (aur) apinio	7, to	ate and hour an		of (I) we) last
the hospita the hospita AL DIRECTOR Place of H te Dept. of H if If them 21 i		above, 1) (we) (did) (did not	- My	w.D	DEGREE ATTENDING PHYSICIAN			22c. DATE SI	GNED 79
TO HOSPITAL OF PROPINAL OF FEBRUAL OF FUNERAL IS should be detected with the Store ELIMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR	MAY HEW		220 ADDRESS Denothment	of Palistrics	Pa Com	tyltis	p. tal
3300 BP	23a. E	Removal Removal	23b. DATE 11/8/79	23c. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	LOU	INTY	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))		neral director atomy Board	Balto	55 Md .	250. D	ATE REC'D. BY REGISTRAR	25b. RESTRAR	SSIGNATIVE	ie soole



Ferry Rd. Clinton, Md.

FOR

- STATE

(VRA 15 (4))

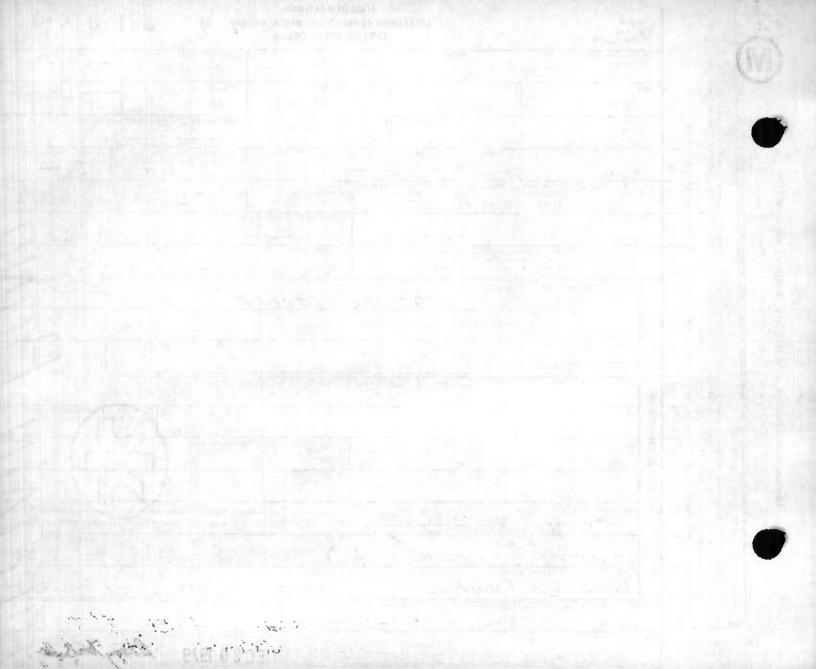
6633 Old Alexander

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.D.A. , coryentiani. Cremmunial Lac 19,1979 Lee's Cremmicore the luneral to a line. Inc. inc.

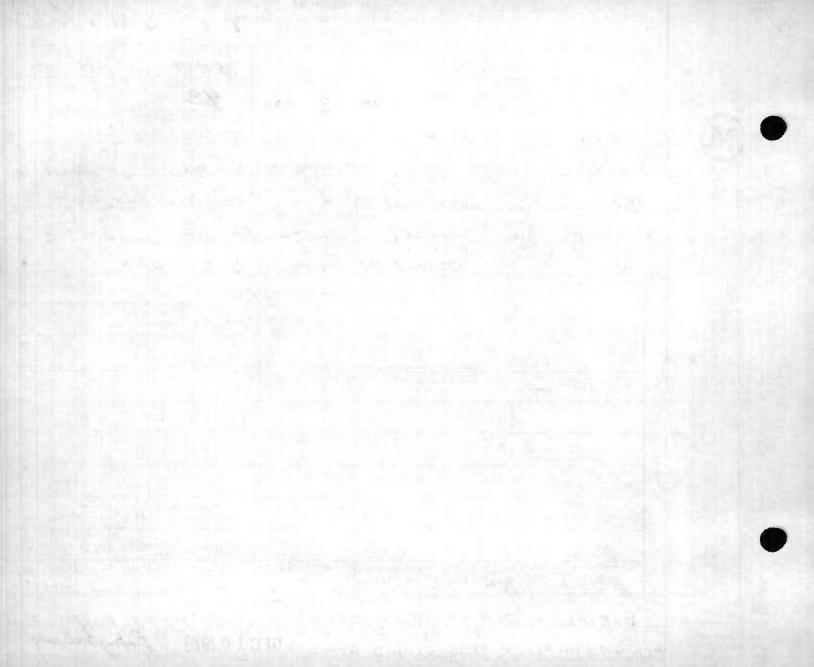
6	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	GIENT 9	3	0 6	U
(M) ns	1. DE	CEASED NAME FIRST Henry		WIDDLE	CHMID	T, JR,	20. DATE OF DEATH December	MONTH - 17	1979	7:00P
36 P	3. SE		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
director, p hours offer		Male	Cauca	sian	MONTH	DAY YEAR		indai,	MONTHS DAYS	HOURS MIN
director, cours off		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Jan	, 30 1939	9 BALTIMORE CITY C	YRS	YORDEATH	
1 2 2 2 4	C	DUNTRY)				D X NEVER MARRIED				
he fundathin		ashington TY OR TOWN OF DEATH	USA		WIDOWE	D DIVORCED DIVORCED	Prince (eorg		F BUSINESS OR
- 5 - 5 7//			(IF NOT IN SUC	02 Maure	ADDRESS)		U. S. Na	E WORKING	IFE) INDUSTRY	7
ours o	USU	Bowie Al RESIDENCE (IF NURSING HOME O STATE 138 COU	R OTHER INSTITUTION			ie		1 y y		7
BALTIMORE, MARYLAND 212D cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be filt vol. it, the medical examiner must be no			MIY George's		N	136 INSIDE CITY LIMITS?	3502 Maur	an I	ane	
RYLAI rithin stely f 2 sho		THER'S NAME			-	15. MOTHER'S MAIDEN NA	ME	cen L	dire	
E, MAR complet	11	enry	MIDDLE	Schmidt.	Sr	Margare	MIDDLE		Conkl	en
ORE, M.	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b SOCIAL SECU		17. INFORMANT	ADDR	ESS	COMICS	.011
MORE or execute or execute or nond or Poges	()		/E WAR OR DATES)	531 36 2	2914	Margaret Yo	oung Schmid	t Se	e item]	.3
, BALTI icote b hysicion popers. iavol.		18 CAUSE OF DEATH (Enter o				1102/02/02				MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	netas	tatio	cance				
		1991		R AS A CONSEQUE	NCE OF					5-13-27
I W. PRESTON ST., but the death certification by the ottending phase remove carbon place removes carbon pricemoriton, or remote troumotic ever		Canditions, if ony, which	((b)_							
the the remo		gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
thot set by seleose riol, cr		underlying couse last.	(c)		3730					
S, 2	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 110) I
ECORD ow requ	CERTIFICATION	19a DATE OF OPERATION	10h COND	ITION FOR WHICH	OBERATIO	N WAS PERFORMED	28a AUTOPSY?	Tank IE VI	S, WERE FINDIN	ICC USED
REC perm ne pri ms or	FIC.	IN DATE OF OPERATION	170. COND	THOR FOR WHICH	OFERATIO	N WAS PERFORMED		IN CERT	IFYING CAUSES	OF DEATH?
ITAL RI Sicion. Sicion. The los nist per syguene	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PART I OR PART 2)	ио 🗆
ON OF VITA HYSICIAN: The ding physicio sertificate buriol-tronsit Mental Hygic		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D						
NYSIG ding ding Men or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	21e. PLACE	OF INJURY	19	21f LOCATION				
VISIO	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR 101	VN	COUNTY	STATE
DIVISION DIVISION DIVISION OF OFFICE Second Control on the morked		228-1 certify that (1) (this hosp	oital) attended th	se deceased from_	Apr	il 19_77	Dec. I	I	19.79	that (1/ (we) los
TTEN Doited TOR For u		This accessed alive or		19	79 or	nd that in (my) (our) opinion	death accurred on the d	ate and ha	our and from the	couses stated
OR ATT OR ATT DIRECT or hed for Dept. of		TIE SIGNATURE	S S	/	11	DEGREE	CHERRY		22c. DATE	SIGNED
. 4 . 2	(ravel	6	sures	P	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN X	Dec.	18 1979
HOSPITAL ned by th FUNERAL uld be det		224. PHYSICIAN'S NAME (TYPE				22e ADDRESS			88	
TO HOSPITAL eroined by t TO FUNERAL should be det with the Stote		DAVID E.	COWI	ALL		National Na	val Medical	Cent	er, Betl	nesda, Mo
5 £ ₹ ¥ ₹	23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
0402 BP	I	Burial	Dec.	21 1919	Arlin	gton National	Arlingt		Arlingt	
DHMH - 16 50M 1/76	24. FU	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
(VR A 15 (4))		John M. Taylor	Funeral	L Home An	napol	is, Md. DF	C 2 0 1979	prog	my moo	-



	1	500			E OF MARYLAND		es 1	
7.83	1	FOR • STATE REGISTRAR	DEPAS		FICATE OF DEATH	REG. NO	3 !	641
See 3		ECEASED NAME FIRST PE OR PRINT) Thomas	MIDDLE C.	Sa	sytch sr.	12-22-79	MONTH DAY	YEAR 26. HOUR 8:45amm
ector, po	3. S	Male Male	4. RACE White	Dec.	DF BIRTH 25, DAY 1904 FAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDE	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN
within 72 hours)	BIRTHPLACE ISTATE ORFOREIGN COUNTRY) assachusetts	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWI	NEVER MARRIED DIVORCED D	Prince Ge	R COUNTY OF DE	int v MD.
by the further filed with	10.0	Laurel	1). NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR Greater Laurel	EET ADORESS)		12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	ON 12b	KIND OF BUSINESS OR SUSTRY WEEKING
filled in ould be	USU 130.	JAL RESIDENCE (IF HURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	13d INSIDE CITY LIMITS?	133571 APORESS	leade Roa	d d
Completely 1 and 2 sh	14 F	TATHER'S NAME FIRST John Skenn	ADDRE XSKRIPTORN LASC	ovitch	15. MOTHER'S MAIDEN NAM	Skowron NDDLE		LAST
Poges medica		WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE		1 8691	Dixie Scovit	ch same as		
n signed by the attending physicia Then please remove carbon popers to burial, cremation, or removal. injury, ar ather traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC (b) Chroni DUE TO, OR AS A CONSEC (c) Atherosc	OUENCE OF Cleroti	estive heart :	lar disease		
prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USED GAUSES OF DEATH?
Mental Hygiene		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR I	PART 2]
alth and Manaked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N COU	NTY STATE
ched for us		220.1 certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	1- /	79.01	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN IV	eoth occurred on the do	F 220	om the couses stoted
should be deto with the Stote I	1	22d PHYSICIAN'S NAME TYPE OR ROBERT S.	icceney, MD		220 402 Main St			
D 4 3 8-	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23 Dec. 26, 1979		EMETERY OR CREMATORY Marys Cem	23d LOCATION CITY OR TOWN	LOUNTY	STATE
60M 7/73 15 (4))	24 F	UNERAL DIRECTOR	neral Home, "Tau		25a. DATE	REC'D. BY REGISTRAR		IGNATURE

- - i: upd, 23, 1904 7A addes medean TTO G.E., OLINE Format . for reg. My Sari St. Mondo load Lot hook Francial terror in acct NOT CHE BY old of 8 of dixie Scoultch size as above hand compositive beart failure Lik bio what cameain religented ordered pricelagorantA AND Main Street, Lattell, Me white s. comer, the burial Dec. 26, 1979 St. larys Ger to reason. oril son through or the line.

,							STATE	OF MARYLAND					
8			1.	FOR STATE REGISTRAR		DEPART		CATE OF DEAT		NE 9	3	164	1 2
1				CEASED NAME FIRST		MIDDLE	L	SI	2			DAY YEAR	2h HOUR
	ay be age 3 death				arles C.	Seeley		St. 10		DFC-5,	•	1979	6:00p M
	ector, po		3. SE.	Male	4 RACE	4; 7=	S. DATE O	DAY	186.	AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	IF UNDER 24 HRS
		1) 1)		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN C	OF WHAT COUNTRY?	8 MARRIET	□ NEVER MARR	RIED 9	BALTIMORE CITY O	R COUNT	OF DEATH	
	le of le	4.5		CONN.	U	. S. A	WIDOWE		CED []	Prince Geo	rges	County	MD.
		eq.	10 C	TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSIN		ROTHER INSTITUTI		TYPE OF WORK FOR MOST O			F BUSINESS OR
5	by hited	84		HAURFL	Greate	r Laurel E	Beltsv:	ille Hosp		TOOL MAKE			ARDY Co.
212	be f	100	USU.	AL RESIDENCE (IF NURSING HOM			RE ADMISSION)	13d INSIDE CITY LI		e STREET ADDRESS			
N N	filler auld	35			P.G.	BELTSVIZ		YES X NO		4501 SEL	LMA	N RD.	
34.6	rthin tely 2 sh	ine	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MA					
MAK	w be and w	160	1	DWARD	middle.	SEELE	· y	FL1'7	ABET	"H R		SMIT	7-14
RE,	d co	00	16a V	AS DECEASED EVER IN U.S.	ARMED FORCES	? 166 SOCIAL SECE	RITYNO	17 INFORMANT	7.2	ADDRE	SS	V////	
WO	Page	Jed Jed	1	ES, NO OR UNKNOWN) IF YES,	GIVE WAR OR DATES)		7577	LEANS	PD (C. SEE	1 FY	/	
ALT	re by	126		18 CAUSE OF DEATH (Ente	anly and cause i	1107 -		200 02/13	100	<u></u>	/	APPROXU	MATE INTERVAL DISET AND DEATH
60	fica phys pap	en i		PART I. DEATH WAS CA	JSED BY	CEPEI	3011	HAEF	TORR	HAGE.		BEIWEENC	NET AND DEATH
TS Y	r ren	9		1121 IMMED	NATE CAUSE (0)	CEREL	3K#5	71710=7	· U/\/\	77742.			
0	ath end in, o	5		/0/-	DUE TO.	OR AS A CONSEOU	ENCE OF	HYPE	FRTA	ENSION	1		
RES	e de	000		Conditions, if any, which gove rise to immediate	(b).			11012	- / / -	27.02021	•		
¥.	y the	i i		couse (a), stating the underlying couse last	DUE TO.	OR AS A CONSEQU	ENCE OF	ARTE	Riose	CLEROS	18.		
102	s the	5		D. D. O. C.	(c)								
DS,	sign sign hen j	hory	Z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING 10	DEATH BUT	NOT RELATED TO T	THE TERMINA	al disease or con	DITION GIV	EN IN PART TO	
RECORDS	v red	<u></u>	FICATION	190 DATE OF OPERATION	19b CON	NDITION FOR WHICH	OPERATION	WAS PERFORMED	D	20a AUTOPSY?	120b. IF YE	S, WERE FINDIN	GS USED
»E	nos b	9	FIC					THE CHARLE			IN CERTI	YING CAUSES	OF DEATH?
TAI	The pare h	28	CERTI	21g. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c HOW IN HIPY	OCCUPPED	YES NO		S C	NO 🗌
>	phys phys iffica fran	9		OR CONTRIBUTING CAUSE OF	DEATH HOUR		AY YEAR	14 110 11 11 11 11	OCCORRED	PRIER NATURE OF INJUR	CI IN IIEM 10,1	ARI I OR PARI 21	
0	rSIC ring cert cert virial	ILEU	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		P.M.	19	211 LOCATION					
DIVISION OF VIT	this the b	0	MEC	21d, INJURY OCCURRED WHILE NOT WHILE	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
NIQ.	NG raffer affer as the	O LK		AT WORK AT WORK			10-1	111111			1	1-121	
	NS ON S	ē.		220.1 certify that (1) (this ha	19	the deceased from	190/	19	7/	, to 12/	5/	19 7, 1	hat (I) (we) last
	Spit Spit CTC	17 4	-103	sow the deceased alive above, (1) (we) (did) (did	not) view the bo	dy ofter death.	on, on		opinion dec	oth occurred on the do	ote onto hou		
	OR DIRE Dep	Her	A	22b. SIGNATURE	1 10,10	0		EGREE	NDING	MEDICAL STAF	c	22c. DATE S	SIGNED
	AL The detected ate			Atleany 1	Vouse	and pl	1-1	PHYSI	ICIAN X	DIRECTOR PHYSIC		12/	5/29
	d b	Z		22d. PHYSICIAN'S NAME (1)	PE OR PRINTY) 1-		22e ADDRESS 3	456 -	FORT 1	YEA.	DEIR	B
	retained by TO FUNER should be	- Improx		ABDUL	NA	IYEE17	14.0	SUITE	100	LOURF	1./	y.D. 2	6810.
1	7 5 5 4 3 E	S		URIAL, CREMATION, REMOV	AL 236. DATE	23ς. (NAME OF CI	METERY OR CREM	TATORT	23d. LOCATION		COUNTY	STATE
402	BP		1	BURIAL	DEC	18,1979 PE	ES AVI		FM.	NEW YE	ENDN	morri	
DH	HMH - 16 60M 1/75		24 Ft	NERAL DIRECTOR		7601 SAND	y SPR			EC'D. BY REGISTRAR		RAR'S SIGNATE	ARE O
	(VR A 15 (4))	E 1	40	WARD m. F.	ECK .	LAUREL	mp.	20810	DEC	1 U 1979	from	trayscal	resery
						3. / / / / / / / /							



	1			STATE OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENEY 9 3	1643
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	111re	E OR PRINT) Ka	thleen	Sexton	12 2	7 1979 1:30 %
(IVI)	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0	1	F.	W.	8 6 1890	89 YRS	MONTHS DAYS HOURS MIN
	70 B	IRTHPLACE (STATE OR FOREIGN a.	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
重量系		ebster SPGS	USA	WIDOWED DIVORCED	Prince Geor	ge's MD
political and a second	0 -	TIY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) TSing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	176 KIND OF BUSINESS OR INDUSTRY
De 7 5	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	2		Tome
4 1 3 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5	N		G. Bowie	YES X NO	8413 Spruill	Dr.
RYL withi	14 F/	ATHERS NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
maked w		William	Thompson	Maryell	en	Kogar
BALTIMORE, MARYLAND 2120 cote be executed within 24 thurn ysicion and completely tilled in by yopers. Pages 1 and 2 should be no ont, the medical exaginer must be in		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 577-07-	Rev. A.I	Dal Balcon-38	00 Lottsford
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN. The low requires that the death certific of the other dispersion. Were this certificate has been signed by the attending plast the buriol-transit permit. Then please remove corbang to the buriol-transit permit. Then please remove corbang the hard member litygiene prior to buriol, cremotion, or removed are them 18 shows on ynjury, or other traumotic events.	NO	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR TO CONSEQUE	NCE OF LEWIS HE	minal disease or condition of	GIVEN IN PART 1(0)
L RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
A OF VITA SICIAN: Th ng physicio certificate rirol-transit ental Hygie frem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM)	B, PART 1 OR PART 2)
DIVISION DING PHYS or ottending After this or e os the bur olth and Me morked ar It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDO the hospitol or DIRECTOR. A bothed for use Dept. of Heol			tol) attended the deceased from 19	, 19. , ond that in (my) (our) opinion DECREE ATTENDING PHYSICIAN	death occurred on the date and h	1927, that (I) (we) lost our and from the causes stated 122. DATE SIGNED 12.27/79
HOSPF ined b FUNE old be h the St		CIRO A. M	10NTaxez	22e ADDRESS	odee PK Re	of busher. 4
28 28 3 4-	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Rurial	23b. DATE 23c N	NAME OF CEMETERY OR CREATORS	Arlington Ar	lington Va
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR	P A Hyatteville		TECO. BY REGISTRABIZS REGI	STRAR'S SIGNATURE

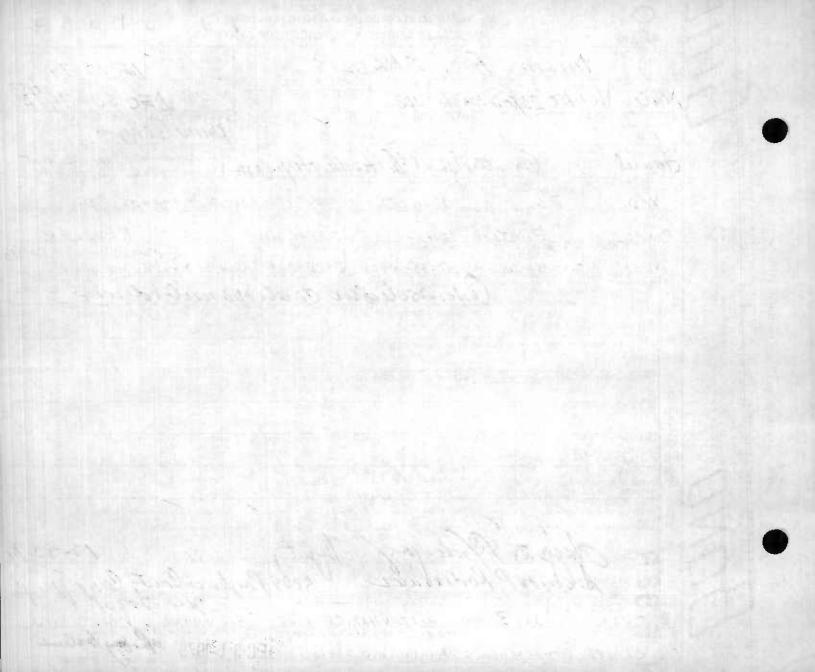
ELECTION AND ADDRESS OF THE PARTY OF THE PAR the state admits the same of the second Part I land Tell at a stend of the Made to the control of the control o Composition of the second Cultury Eine Herent Descrip X (12 21) 75 Since in Montance Trans backer PRICH bushing Threat of the section of the section

The life and the second of the late of the second second legal

THE STATE OF THE PROPERTY OF T

neral elementener	1	
S. L. Doc Inc Strane, T.	end ei en il embo	o In Rivini
nostric States	o marg	-07108
Tr. inter circums in the contract of the contr) /	5
The second of the second	C was becamed	
art arts in	1 C11 -3- E 1 Estate	
	. , ,	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR DIVORCED [WIDOWED [OR TOWN OF DEATH HOMA OR OTHER INSTITUTION 12b. KIND OF BUSINESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 200 FURT MEADE RD. AUREL 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE GERALDINE SHAHLIS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) (YES. NO. OR UNKNOWN) BARBARA E. SHAULIS JANL, 1960-JAN. 6,1964 LAUREL MO. 20810 18. CAUSE OF DEATH (Enter only one cause per interescleration Careles Vorcella de PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE DEPARTMENT OF YES [NO 1 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE 22a. I certify that I took charge af the remains described above, held an Autapsy and in my opinion Inspection E death resulted fram: Natural causes Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M. SIGNATURE TYPE OR PRINT 23c. NAME OF CEMETERY **DHMH-17** (VR A15 ME (5)) LAKREL, MD. 20810 LAUREL FUNERALHOMIE 15M7/76

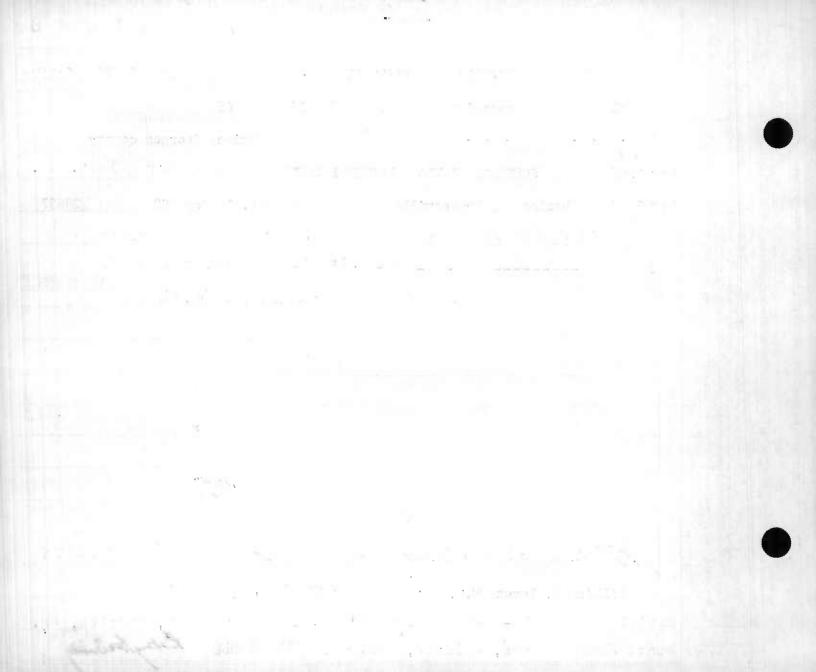


Chambers Funeral Home Riverdale, Maryland

the first come with the first than the state would be seen in the first week. Chambers and a contract the second of the se

in the second of the second of the second of the second of . . . 30... AND RESERVED TO SERVED THE PARTY OF THE PART

- 1				STATE OF MARYLAND			
		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO		4 8
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	h. HOUR
-		JOHN	FRANCIS	SLATTERY Sr.		12 21 79	1:25P
	3. SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI		HOURS MIN
- 1-	7. DI	Male RTHPLACE (STATE OR FOREIGN	Caucasian	7 25 14	65	YRS	
17	E C	Jash. D.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geo	rcounty of DEATH	MI
5		ryland	HE NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS) ND HOSPITAL CENTER	178. USUAL OCCUPATE LITTE OF WORK FOR MOST OF	ON IZE KIND OF INDUSTRY LIECT	BUSINESS OR
35	13a. S	RESIDENCE IN NURSING HOME TATE 13b. COU TYland Char		VN 136. INSIDE CITY LIMITS?	13. STREET ADDRESS Rt. 1. Box	403	20637
0	I4 FA	THER'S NAME Francis Jos	MODLE LAST Beph Slattery	IS MOTHER'S MAIDEN NA	a Ann	Shanahan	
2	{Y	(AS DECEASED EVER IN U.S. A (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 579-10-	011 0 0	lattery sa	ame as 13	ATE INTERVAL
	NO	Conditions, if any, which gove rise to immediate couse io), stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)		AIN AL DISEASE OR COND	DITION GIVEN IN PART 1(0)	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	
9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	21c HOW INJURY OCCUR			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ANT: If them 21 is marked		sow the deceased alive a	Ment Dur	DEGREE ATTENDING PHYSICIAN [1220 ADDRESS	death occurred on the do	ate and hour and from the co	
IMPORTANT	73a R	W111am K.	Furst, M.D.		lk Marylar	nd	
	80	PECIFY) PERAL DIRECTOR	12-24-79 51	. Mary's Cem.	Bryantou E REÇ'D, BY REGISTRAR	COUNTY On Charles SEGISTRAR SIGNATURE	STATE Md.
		ntt Funeral	Home, Waldorf	1570. 07	y w. wi newwiningni		



							TE OF MAR							
	10	FOR STATE REGISTRAR					IFICATE O	D MENTAL H		REG. NO.	3 1	6	4 9	
n =		CEASED NAME OR PRINT)	FIRST	^	WIDDLE		LAST			DEATH MONI		YEAR	26. HOUR	P
deoth			ABEL		Е.		ITH			EC. 19			7:15	N
-	3. SE	FEMALE		RACE WHIT	Έ		SEPT	1903	6 AGE (INY)	EARS LAST BIRTHDAY)	YRS.	HS DAYS	HOURS MIN.	
11	0	RTHPLACE (STATE OR FO		CITIZEN OF		MARE	NED NEVE	R MARRIED C		CE GEO	UNTY OF	DEATH	M	
176		CLINTON	тн 11	SOUTH	OSPITAL, NU		OR OTHER I		12a USUAL	OCCUPATION K FOR MOST OF WOR LIBRA	KING HEE	26. KIND OF	BUSINESS OF	R
35	13a :	AL RESIDENCE (IF NURS	NG HOME OR OF			SPG.		E CITY LIMITS?	13. STREET 6615	ADDRESS HOWIE	COU	RT		
au.	14. Fz	THER'S NAME		2015	11.00			R'S MAIDEN N					0.000	_
I/ol		WILLIAM	L LĈ	ÖWE	TAT	E	1	ARTHA		E .	SI	NK LAST		
medicol	16a \	VAS DECEASED EVER (ES NOOR UNKNOWN)	N U.S. ARME (#FYES, GIVE W			SECURITY NO			EDGES,	DAUGH	TER S	SAME	AS #1	(7)
id to burlo), cremation, or sy injury, or other froumotic	MION	Conditions, if any, gove rise to imm couse (o), statum underlying couse PART 2 OTHER SIGN 19n DATE OF OPERAT	lediate the lost. IFICANT CO	(c) INDITIONS <u>CC</u>	RASACONS	EQUENCE OF TO DEATH BI		ed TO THE TER	asis -	Lladd E OR CONDITIO	EV DN GIVEN 11	n Part 110:		
shows or	CERTIFICATION					HICH OPERAT			YES 🗀	NOU	CERTIFYING YES [G CAUSES (OF DEATH?	
Hem 18 s	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	P./	м. моnth м.	DAY YEA	R		URRED (ENTER HA	TURE OF INJURY IN IT	EM 18, PART 1	OR PART 2)		
arked or	WED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OF	FFICE, FARM, ETC.)	211. LOCA STRE	TION		CITY OR TOWN	C	COUNTY	STATE	
m 21 is m		220.1 certify that (I) sow the decease above, (I) (****)	d plive an	12-	16	om 12		ny) (our) opinio	n death occurre	d on the date or	, 19 nd hour and	d from the c		t
tate Dep		226. SIGNATURE	mus	Du	widy	an t	DEGREE .		MEDICAL	STAFF PHYSICIAN		220. DATES	IGNED	1
with the State		CYRUS	ME TYPE OR PE	2413	AYC	IR	618	8 0×0	ON HIL	LRD, C	KON	1111	20021	
, 5	23a E	BURIAL BURIAL		23b. DATE 12/1				CEMET	CITY O	ITLAND	PG N		STATE	
50M 7/77 5 (4))	24 FI	NEROBERT 308 SUIT	E WIL	HELM	FUNES	AT. HO	/ To	25a. D.	ATE REC'D. BY R	EGISTRAR 25b. R		SSIGNATU		

MINISTER THE TAX THE PROPERTY OF THE THE RESIDENCE PLANT OF THE PARTY OF THE PART THE RESIDENCE OF THE PARTY OF T Salemann a transmission, And Still 1

other troumatic

CERTIFICATION

MEDICAL

to b

prior

sho

morked or Item 18

If he

MPORTANT

BP

ď

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

	REGISTRAR		CERTIF	ICATE OF DEATH	1	REG NO.	J	0	2 0
	1 DECEASED NAME FIRST	MIDDLE		AST	20	DATE OF DEATH MON	TH DAY	YEAR	26 HOUR
	MANN	ING CAMP SHITH	J:	Γ.		DECEMBER	3 1	979	1137A M
H	3 SEX	4 RACE	5 DATE			AGE (IN YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	MA	RCH 17 19	16	63	YRS	VIHS DAYS	HOURS MIN
	7d BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIE	9	BALTIMORE CITY OR C	OUNTYO	FDEATH	
3	OKLAHOMA	U.S.A.	WIDOWI		_ 1	RINCE GEORG	ES CO	UNTY	MD.
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTIO		USUAL OCCUPATION			F BUSINESS OR
5	ANDREWS AIR FORCE			DICAL CENT	15	rdnance			Army
-	USUAL RESIDENCE (IF NURSING HOME C 130 STATE 136 COU			13d. INSIDE CITY LIM	ITS? 13	STREET ADDRESS	4.0		
	MARYLAND C. C	HARLES BRYANS R	OAD	YES X NO	2	1 CARROLL D	RIVE		
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAID	ENNAME	WIDDLE	71-71	LAC	,
)		CAMP SMITH		LOTTIE		ELLIS	SME	II Ein	lis
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	PRITY NO.	17 INFORMANT		Rt.#1ss	Вох	88	
1	YES 193	37-1959 527-01-58	54	BLANCHE S	MITH/	21 CARROLL	DRIVE		NS RD MD
		only ane cause per line for ia , (b, or		4				BET WEEN	ONSET AND DEATH
	IMMEDIA	ATE CAUSE (0) candia	ic,	arrest				10	men.
	S 486 - Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	spirator-		milus		8	days
	gove rise to immediate couse to storing the underlying cause last	DUE TO, OR AS A CONSEQU		0	10	,	Ha.	80	days

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Uct 79

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M I IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN Dec

that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOF

On AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES |

1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an above (1) (we) (did) (did not view the body after death

90 DATE OF OPERATION

NOT WHILE

DEGREE

22e ADDRESS

STAFF MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

22c DATE SIGNED **DEC** 79 MALCOLM GROW USAF MEDICAL CENTER

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

MD Arlington National

ANDREWS AIR FORCE BASE, MARYLAND 20331 Afilington VSMIE

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR Huntt Funeral Home, Waltorf, Maryland

12-6-79

BY REGISTRAR 251/REGISTRAR'S SIGNATURE

AGOUTHY

A PARTY OF THE PAR THE WORLD AND THE PROPERTY OF THE RESERVE OF THE PARTY OF THE The land one field from the man with the land of the land Allen St. Burney Survey Control of the Control of t

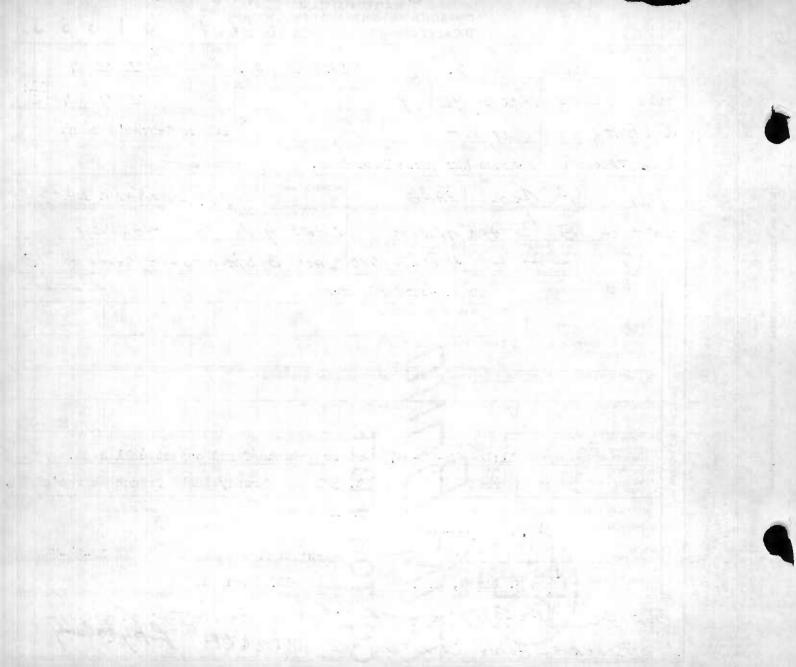
SI .	1					ARYLAND		
1		FOR STATE				AND MENTAL HYGIEN	0 6	65
		REGISTRAR DECEASED NAME FIRST	MEL		EK.2 C	ERTIFICATE OF DEA	REG. NO.	9 9
(m)	1	(TYPE OR PRINT)	5	MIDDLE	117	-H-SR	2g. DATE KNOWN DO MOT OF ESTI- DEATH MATED	2 24 76
10	3.		. DATE OF BIRTH	6. AGE (IN YEA		IDER 1 YR. IF UNDER 24 HRS.	2c. DATE MON	ATH DAY YER WEATH
1000	/	Male White	18-23	-33 46 YR	Y) MONTH		PRONOUNCED /2/2	24 1079 D M
18 8.54 T 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7	G. BIRTHPLACE (STATE OR)	L CITIZEN OF WH		8. MARRI	ED NEVER MARRIED	9. BALLIMORE CITY OR CO	UNTY OF DEATH
	47	Washington D C		A	WIDOW	ED DIVORCED	Strice Col	MD.
. 21201 IF ANY DELAY IS N. 2, AND 3 TO THE FI. 3. RETAIN PAGE 5. SHOULD BE FRED.	74	Chevorly of	INCO II	PITAL, NURSING HOME, MLITY, GIVE STREET ADDRESS)	era)	FOR DOLL FOR	JAL OCCUPATION (TYPE OF WO MOST OF WORKING LIFE) ngine Man	U S GOV t.
21201 IF ANY D S, AND 3 S. RETAIN SHOULD		SUAL RESIDENCE (IF A NURSING HOME OR 13 S. STATE 13 S. COUNTY Md Pro Ge	orge's	E RESIDENCE BEFORE ADMISSION IN COMMENTS OF TOWN Kentland) (NO	13d. INSIDE CITY LIMITS? 13e. STR. YES 🗷 NO 🗆 67	eet ADDRESS 10 West Fores	t Drive
DRE, MD. 2 R DEATH. IF AGES 1, 2, RM PM 3.	E I	4. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
AORE, A AORE, A PAGES ORM P	1600	Joseph LeRo					earl Shorter	
, BALTIMORE, DURS AFTER DE B. GIVE PAGE WITH FORM	NOIS I	o. WAS DECEASED EVER IN U.S. ARME (YES, NO, OR UNKNOWN) (IF YES, GIVE W. Yes Vieti	AR OR DATES)	166. SOCIAL SECURITY 579 48 145	53	Lydia J Smith	Kentland, Mo	d.
TW. PRESTON ST ED WITHIN 24 HC PENCIL IN ITEM I KAMINER ALONG ALTRANSIT PERMI	REMOVAL.	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I IMMEDIATE Conditions, if ony, which gave (ise to immediate cause (a) stating the underlying couse lost.	CAUSE (o) (b)	AS A CONSEQUENCE C)F	Scherotie Ca	eder Varent	BEWEEN ONSET AND DEATH
RECORDS, 3 JID BE EXECT PENDING" II F MEDICAL ED AS A BUR	N N	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	NAL OISEASE	OR CONDITION GIVEN IN PART 1 (a).		
AL RECHOULD BY WENTER WHEF WAILER	L, CRE	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	19b. CONDIT	ION FOR WHICH OPERA	ATION W	AS PERFORMED?	2 24 4	20 AUTOPSY?
F VITA TE SHC WORD TE CHI	N A A	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTURY	121c HC	OW INJURY OCCURRED (ENTER N	TATELOG ALIEN VINITALIA DA DA TA	YES NO
PICAT THE V TO TH	F. 2 X		HOUR A.M.	MONTH DAY YEAR	716.116	OW HOOK! OCCORNED (ENIER!	INTORE OF INJORY IN HEM 18 PART I	JR PART 2)
DIVISION OF VITAL RE BR. THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PE CREWARDED TO THE CHIEF "R. PAGE 3 SHOULD BE USED	ATE DEPA	UNDERTYING OR CONTRIBUTING COASE 21d. INJURY OCCURRED WHILE AT WORK AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUNTY STATE
CAL EXAMINITHE CERTIFIC, SHOULD BE F	RYLAND	ACTUAL SIGNATURE CALSUS	to P. O.	suident , Suid	Autop:	, Homicide Under	ermined manner ,	ATE 12-25-79
TO MEDIO	ALTIN	(TYPE OR PRING CUST) 30. BURIAL, CREMATION, REMOVAL 23b		23c NAME OF SEM		ADDRESS 1 9 9 100	CATION Med I O	any purys
10000		Burial De	ec 28, 19	79 Md Vete	rans	Cemetery Ch	eltenham Pro	Georges Md.
DHMH-17 20M (VR A15 ME (F. Gasch's Sons I	A Hyat	ts v ille, Md	١.	DEC 3 1	REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
				,				

Discreption of the same of the second Design the second of the secon

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SMITH December 31 1979 William, 6:30 1 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS Male Caucasian 14 1901 10 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. Alabama WIDOWED DIVORCED | Prince George's IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3605 Tilden Street Brentwood Ret .- Inspector-Education USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Dept. 136 COUNTY 3605- Tilden St. 13d. INSIDE CITY LIMITS? Md. Pr. Geo. Brentwood 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIDST MIDDLE Flizabeth Stevens John S. Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-26-6611-A Mrs. Dorothy E. Smith - above address Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Carcinomatosis One month IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the brain Conditions, if any, which 4 months gave rise to immediate cause lai, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOX YES T NO [] 20 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 21d. INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from 2 October 1979 to 31 December 1979 saw the deceased alive pn 27 December abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE -DEGREE 22c DATE SIGNED TO FUNERAL should be detact with the State C ATTENDING MEDICAL Tures Jan. 1980 PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4404 Carl J. Houmann, M. D. Queensbury Rd. Riverdale. 23a BURIAL CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Brentwood 1/4/1980 Ft.Lincoln Cem. 24 FUNERAL DIRECTOR 25 LDATE REC'D' BY REGISTRAR 250. REGISTRAR'S SIGNATURE Nalley's E .H. ADDRESS Mt. Rainier, nc. Md. DHMH-16 25M (VRA 15, 4) 1/79 Inc.

			naimeomóan	elmix	
		X	.a.a.c		
iduono - todomoni. .den					
111den-17.	TitleE_		erd .cm.	.521	
anavor	. gleduxlls	ation date	8 8	mine V to	
woo eveds - nile	o.a ymperob.s alfw)	a A-francis	TT 577	281	

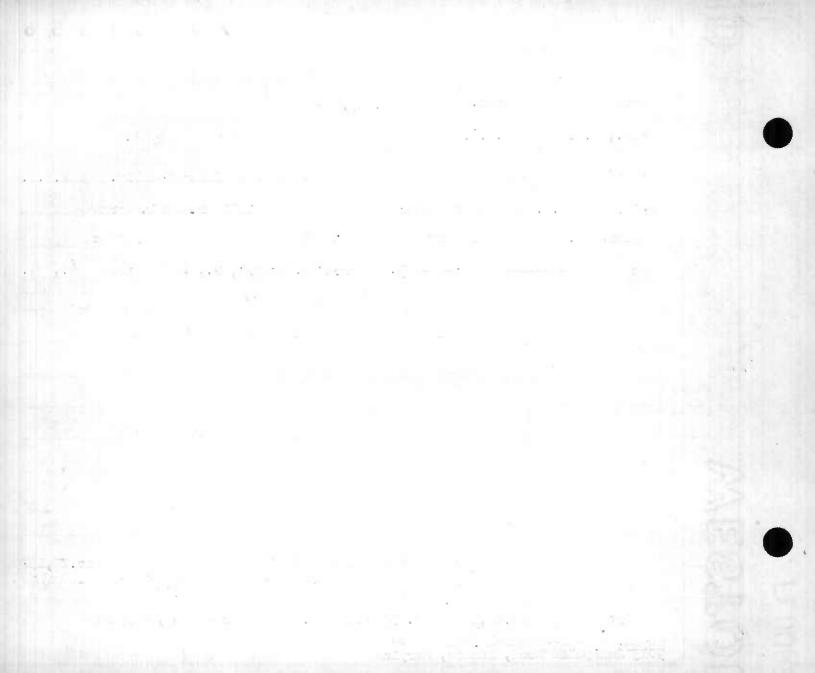
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH TYPE OR PRINTS OF ESTI-STACKHOUSE. DEATH MATED CRAIG B. JR. 12 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED white male 19 79 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWED DIVORCED CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION STUDENT Air Force Base Hosp. Andrews 13a STATE 3d INSIDE CITY LIMITS? 13e STREET ADDRE OKVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST PAGES Stackhouse, Same as 13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma HYGIENE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which SED AS A BURIAL-TRANI HEALTH AND MENTAL CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL. YES X NO T E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR TO MONTH DAY YEAR MEDICAL 11:18m 12-22-1079 Driver in auto/fixed object collision. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION TOAD TOAD Brandywine Prince George's Md. NOT WHILE 21201 AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian MARYLAND Accident X death resulted fram: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE SIGNED 12-24-79 EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME And M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE ARLINGTON NAT. Cem **DHMH-17** (VR A15 ME (5)) ee TUNERAL Home 30M 7/73

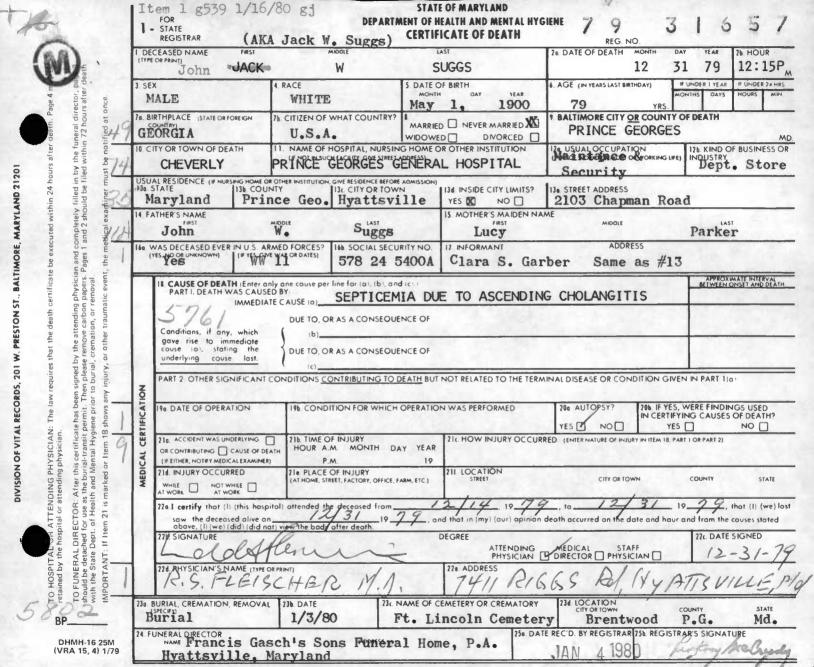


111	Item #14 Film G548 10/16/80 rc STATE OF MARYLAND									
X X m	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE									G A
A AND	1	REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME	FIRST	101	MIDDLE	A	LAST	20. DATE KNOW	N MONTH D	AY YEAR 26. HOUR
\$288E	Margaret Elizabeth STARKWEATHER DEATH MATED 12-41979 M									
STATE OF STA	J. SE	male Wi	S. DA	ATE OF BIRTH	94 SIL	MONI	HS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	MONIH D	73535
一 作海雪	7a. B	RTHPLACE (STATE OR	7b. C	ITIZEN OF WH	AT COUNTRY?	1 AS.		9 BALTIMORE CI	TY OR COUNTY C	OF DEATH
一番の	FC	Delaware		USA WIDOWED DIVORCED TO TIME						allen
22003	10/0	TY/OR TOWN OF DEA		TY NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUNO OCCUPATION 120.						MD.
174	0	hederly	Ph	FOR MOST OF WORKING LIFE OR IN THE PROPERTY OF						
0.05.000	USU/ 13a. S	L RESIDENCE OF IN NU	RSING HOME OR OTHER	R INSTITUTION, GIVE	RESIDENCE BEFORE ADMI		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
PECON RECORD		Md.	P.G.		Suitlan		YES NO		g Street	t
H. 18.	14. F	THER'S NAME	MIDD				15. MOTHER'S MAIDE	N NAME		
BALTIMORE, MD. JRS AFTER DEATH. GIVE PAGES 1, 2 WITH FORM PM. PAGES 1 AND 2 DIVISION OF VITAL		.11iam	J.		Graha Gran.t		Roxie	WIDOLE	Hastir	ngs
AORE TER DI PAGE ORM N OF	16a. \	VAS DECEASED EVER	IN U.S. ARMED FO	ORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDI	Same	e as Above
BALTIM URS AFTI 3. GIVE F WITH FC PAGES		No			Unknown	4	Lafone St.	arkweather	, Husbar	nd,
		18 CAUSE OF DEATH W PART I DEATH W	AS CAUSED BY:	USE 6 LZ 7	(acta), (b), and (c), (c), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e		o ander	varacelos	duca	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN TEAN 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG F. 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, F PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, which gove (ise to immediate couse (o) stating the <u>under-lying couse last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF								
CORDS, 3 BE EXECTODING. INDING. INDING	NO	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
LRECOULD BENIED BENIED BENIED BENIED BENIED BENIED A HEAL CREW	AT	190. DATE OF OPERA	TION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						D AUTOPSY?
TAL COF LUSE	문								Call Toll	YES NO
ISION OF VITA ERTIFICATE SHC OF THE WORD OF TO THE CH SHOULD BE U EPARTMENT OF	CAL CERTIFICATION	210. EXTERNAL CAUSE	OR CAUSE OF DEATH	P.M.	MONTH DAY YE	AR 21c. H	OW INJURY OCCURRED	O SRUTAN RETINAL RETINAL OF INJURY IT	M 18 PART 1 OR PART 2)	165 100
DIVISI THIS CERI WRITING WARDED AGE 3 SI ATE DEP.	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W			F INJURY (AT HOME, DRY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY	STATE
MINER: TFICATE, BE FOR'S ECTOR: PH THE S'LAND, 21		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural course , Accident , Suicide , Homicide , Undetermined manner ,								
AL EXAL HE CER' HE CER' HE CER' THOULD INH, WITH, WITH, WITH, WITH, WITH, WITH IN WITH		ACTUAL SIGNATURE SIGNATURE SIGNED ACTUAL SIGNATURE SIGNED -4-79								
TO MEDICAL E EXECUTE THE PAGE 4 SHOL- TO FUNEATH, BALTIMORE, M.	-	EXAMINER'S NAME	rekust	> P.L	espect a	CZ	ADDRESS 588/9/	Carpun Con	urt, Com	estings
BAPATA	23a.B	URIAL, CREMATION, R			23c. NAME OF C			250 LOCATION FILL	COUNTY	SVI STATE
0.70		Burial		-7-79	Wash.			Suitland,		
DHMH-17 20M 1/73 (VR A15 ME (5))		UNERAL DIRECTOR R		Vilhel				EC'D. BY REGISTRAR 25b. I	CHISTRAR'S SIGN	ATURE
A	F	uneral H	ome	Rd.	Suitland	, Md	_ J DEC	13/3 /		17500000

	1	FOR			ARYLAND	
15		STATE	MEDICAL EXAMIN		AND MENTAL HYGIENE	1 6 5 5
		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMIN	EK 3 CE	REG. NO.	MONTH DAY YEAR 176 HOLIR
HE SAN	(TYP	EORPRINT) JOSEP	Contract		DRAK DEATH MATED	12-2 1979 N
CONTRACT OF STREET	3. SEX	Male White	S DATE OF BIRTH MONTH 3-16-36 6. AGE (IN YEAR LAST, BIRTHDA YEAR YE	MONTHS	The state of the s	MONTH DAY YEAR 28 HOUR
A PARTY OF	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED TIMORE CITY OR	COUNTY OF DEATH
25.35/2	-	Pensylvania	USA	WIDOWE	1/	WD. WD
307174	C	re verly	M. M. ME OF HOSPITA), NURSING HOME LUNCT IN SUCH FACTIFICATIVE STREET ADDRESS	conou	FOR MOST OF WORKING LIFE)	or Newspaper
ANY D ANY D ANY D ANY D ANY D ANY D ANY D	USU A 13a, S	TATE 13b. COUN	or other institution, give residence before admission of the control of the contr		38. INSIDE (ITY LIMITS? 130. STREET ADDRESS YES NO 5721 29th	lve
MD 2 ST. 2.	14. F/	THER'S NAME FIRST John Stedr	MIDDLE LAST	1	S. MOTHER'S MAIDEN NAME FIRST Mary Kardos	LAST
ORAN PROPERTY	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY	NO. 1	7. INFORMANT ADDRESS	
ALTIM S AFTE GOVE P TITH PC AGES VISION	(Y	Yes Kore		4	William Garrett, Same as	# 13
N ST., B 24 HOUR FEM 18 ONG W ERMIT. P		PART I DEATH WAS CAUSE	ally one cause per in & for (a), (b), and (c),) D BY: Jenn Scler	otre	Careles Vas culor de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S IN 24 H N ITEM ALON IT PERA IYGIEN		4292	DUE TO, OR AS A CONSEQUENCE C			
WITH VCIL I VCIL I VCR RANS		Conditions, if any, which gove rise to immediate cause (o) stating the under-	(b)			
301 W. PRESTON ST., CUTED WITHIN 24 HO IN PENCIL IN ITEM 14 LEXAMINER ALONG BRAITS PERMIT ID MENTAL HYGIENE, I, OR REMOVAL.		lying cause last.	DUE TO, OR AS A CONSEQUENCE C)F		
CORDS, 3 BE EXEC NDING, MEDICAL AS A BU ALTH ANI	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE O	IR CONDITION GIVEN IN PART 1 (a).	
AL RECOR	CATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ATION WAS	S PERFORMED?	20. AUTOPSY?
DF VITA THE SHO WORD THE CHI THE CH	RTIF	AN EXTERNAL CAUSE WAS				YES NO
NO THE COUNTY OF	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	21c. HOV	N INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
DIVISIGNES OF THIS CERTING WARTING VARDED 1 AGE 3 SHAGE 3 SHAGE 201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME; STREET, FACTORY, FARM, ETC.)	21f. LOCA STRI		COUNTY STATE
INER: 1 ICATE, 1 I FORV I FOR P THE ST ND, 2 I	W		ge of the remains described above, held an	Autopsy	The second secon	in my opinion
EXAMINE CERTIFICA ULD BE FO DIRECTOR	3	ACTUAL ALE	rol coures , Accident , Sui	ride [],	Homicide Undetermined manner U.	And Rolling
AEDICAL UTE THE UNE AL SHOU UNERAL R DEATH, IMORE, M		SIGNATURE NECKLE	of franch	M.D	MEDICAL EXAMINER	SIGNED 2 3 19
MED AED AED AED AED AED AED AED AED AED A	and .	(TYPE OR PRINT)		AI	DORESS 5009 Lay Dum (N	Vt. Campymug
000 0 PAFT	23a.B	URIAL, CREMATION, REMOVAL 1 PECEFY) Burial	236. DATE 236. NAME OF CEM 12-6-79 St. Gertri		CITY OR TOWN	st Moreland, Pa.
DHMH-17 20M 1/73 (VR A15 ME (5))	24. FI	JNERAL DIRECTOR			250. DATE REC'D. BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
((37)	F.	Gasch's Sons,	P.A. Hyattsville, Mo	i.	DEC. 13/3 14	of ray / Me Unaday .

And the same representative to the first and the same of the same STATE OF THE STATE The state of the s 1 - -70

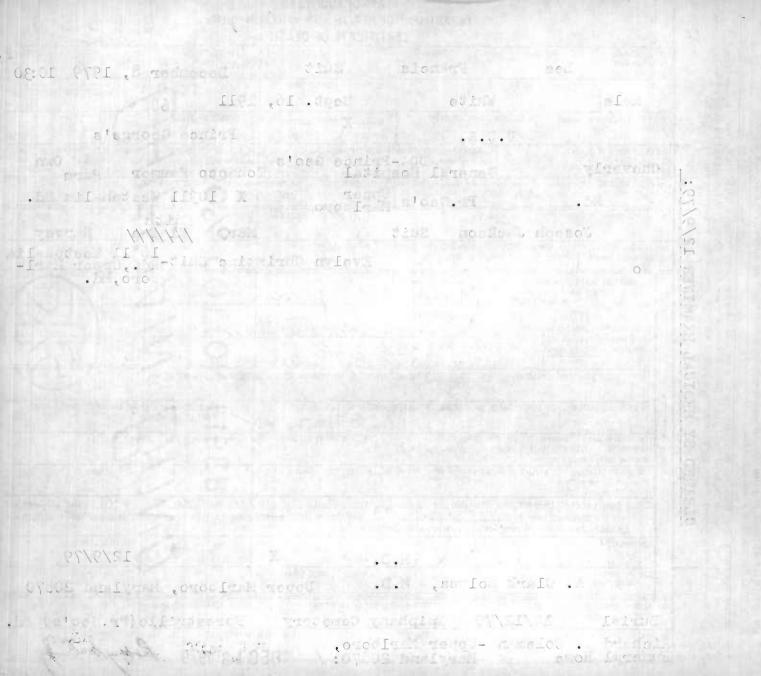






DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR P (Type or print) Lee Francis Suit December 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS Male White Sept. 16. 1911 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Prince George's U.S.A. WIDOWED [7] DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) DOA - Prince Goo string most of warking life, even if retired.) 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR INDUSTRY OWN BALTIMORE, MARYLAND 21201 Cheverly General Hospital Tobacco Farmer Farm 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Upper YES NO X 10311 Westphalia Rd. Pr.Geo's 4. FATHER'S NAME S. MOTHER'S MAIDEN NAME First Edithiddle Middle Joseph Jackson Suit Mary Harvey 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Westphalia Evelyn Christine Suit-Rd. Upper Marl-boro, Md APPROXIMATE INTERVAL boro, Md APPROXIMATE INTERVAL (Yes, na. ar unknawn) No AMINER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) death certificate DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, PART I. DEATH WAS CAUSED BY MACandra IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF E Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR-AS A CONSEQUENCE OF stating the underlying cause requires that the CA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P YES 🗌 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) m DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 日日 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State CLEAR While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from , 1970, ta Oct , 1974, that (I) (we) last saw the deceased alive an Oct with 1977, and that in (my) (our) opinian death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 12/9/79 M. D. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A. Clark Holmes. M.D. Upper Marlboro, Maryland 20870 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b, DATE BUT LEPICITY) 12/12/79 Epiphany Cemetery Forestville (Pr.Geo's) Coleman -Upper Marlboro, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M (VR A15 (4)) Funeral Maryland 20870:

STATE OF MARYLAND



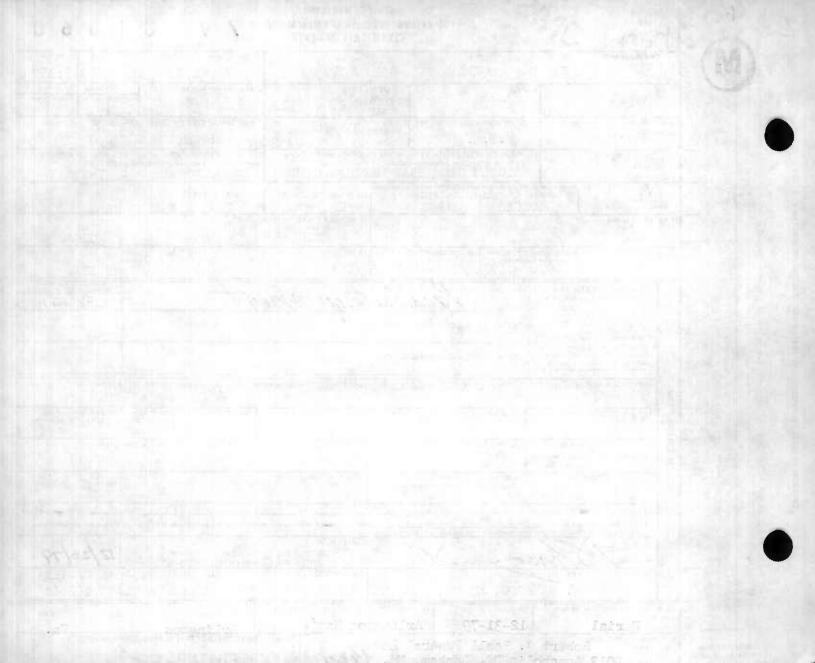
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

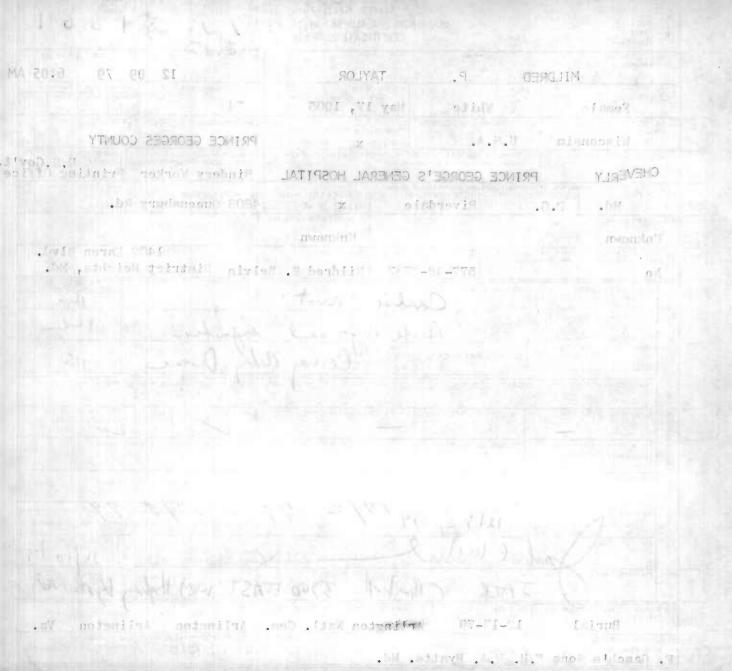
FOR

			1 /				
					1.5.5	180-	
	.even						
						.601	
		(E1 14	est) suice				
			10000				
보면 보면 있다. 그리고 있는 것도 하는 것도 하면 보고 선충한 그리고 선생님은 전략적으로 보면 하는데 보다.							

(VRA 15. 4) 1/79



STATE OF MARYLAND



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral aftergranged should be detacked for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

, page 3 ter death

	1.	FOR STATE REGISTRAR			DEPARTA	LENT OF H	OF MARYLI EALTH AND I ICATE OF D	MENTAL HYG		3 G. NO.	1 6	6	2
		CEASED NAME	FIRST	A	MIDDLE	Ü	AST		20. DATE OF DEA		DAY YEAR	2b HC	DUR Z
	(TYP)	E OR PRINT)	ertus	I	o	The	omas			Dec.	30, 19	79 4	: 30M
	3. SE	Х	4	RACE		5 DATE C			& AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 Y		DER 24 HRS
	M	iale		Caucas	sian	Jan	17	1905	74	YR	MONTHS DA	HOURS	S MIN
9		IRTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8		7 Chg = 10 mg =	9 BALTIMORE CI	1000			-
57/	7	orth Carol	ina	USA		WIDOWE	NEVER A	VORCED []	Princ	e Geo	raes		MD.
Optified (10 C	ITY OR TOWN OF DEAT	TH 11.	NAME OF	HOSPITAL, NURSIN H FACILITY, GIVE STREET / Bromley	G HOME O	ROTHER INST		12a USUAL OCCU	PATION	12b KIN	D OF BUSII	
must be	130.	AL RESIDENCE (IF NURSINESTATE TYLAND		HER INSTITUTION.		ADMISSION)	13d INSIDE C	ITY LIMITS?	13e STREET ADDR	ESS			80.0
ine	14. F	ATHER'S NAME						S MAIDEN NA					
TOXO.	1	Shelto	$n \stackrel{\text{\tiny fin}}{\mathbf{L}}$	DIE	Thomas		M	ary	Jane	DIE	Hendi	ficks	5
ical	16a \	WAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	A	DDRESS			
Bed	1	NO OR UNKNOWN)	JIF YES, GIVE WA	K OR DATES)			Inez	M. Tho	mas (wi	fe)	Same a	as #3	13
ic event, the		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED B	Y:	A.		aforing.	nto	wi		BETWE	ROXIMATE IN IEN ONSET AI	IERVAL ND DEATH
ac H of		Conditions, if ony, which											
ar ather trau		gove rise to imme couse (a1, stating underlying couse	the 1	DUE TO, OF	r as a conseque	NCE OF	ince	risk you	a-the	cui.			
injury, o	NO	PART 2 OTHER SIGNI	IFICANT CON	nditions <u>co</u>	ditions <u>Contributing to Death</u> but not related to the terminal disease or Con				CONDITION	GIVEN IN PART	1(0)		
dws any	CERTIFICATION	19a DATE OF OPERATE	ON	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED		IN CERTIF		YES, WERE FIN RTIFYING CAUS YES []	S, WERE FINDINGS USED IFYING CAUSES OF DEATH' ES \(\text{NO} \)	
18 st		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	LUSE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW IN	IJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18, PART I OR PART	2)	
marked or Hem	MEDICAL	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	LE (T)	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO STREET	NC	CHY	OR TOWN	COUNTY		STATE
.00	1	27a I certify that (I) (sow the deceased above, (I) (we) (die	d plive on	X -80	29 19	// . on	d that in (my)	. 19	eoth occurred on t	he date and l	19 9	_, , , , ,	(we) last
MPORTANT: If Hem 21		226. SIGNATURE	17	Cyli	4.66 Cm		DEGREE	ATTENDING 1	MEDICAL DIRECTOR P	STAFF HYSICIAN [12c. Di	TE SIGNE	74
STAL		224 PHYSICIAN'S NA	ME (TYPE OR PRI	INT)			22e ADDRES	is .					
0		J.H. T	HIBAI	DEAU.	Algeby		3112	ALABA	MA AV.	WASH	. D.	C.	
₹	23a	BURIAL, CREMATION, R	EMOVAL	23b. DATE	23c. N	AME OF CI	METERY OR	CREMATORY	23d. LOCATION		COUNTY		STATE
_		Burial		2Jan19	980 Ce	edar	Hill	Cemete	ry Sui	tland	PG	Mary	yland
77	24 F	UNERAL DIRECTOR ROBER	t E.	Wilhe	= 1m ADDRESS			25a. DATE	REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIGN	IATURE	
				ome Ir		Suit	land,	IAL.bM	V 3 1980	the	Arguste	Bud	

DHMH - 16 50M 7/77 (VR A 15 (4))

Getained by the haspital or attending physician.

1	1	500		STATE OF MARYLAND	\$ 64 PM	1 / 6 %
7 3	1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	1000
M Bode of the state of the stat		CEASED NAME FIRST CORPRINT) Alva Lil	ias Marion Thomp	Son	Dec. 24, 197	9 YEAR 26 115 am
ge 4 my	3 SE	× F	RACE	January 20, 1891	6 AGE (IN YEARS LAST BIRTHDAY) 88	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dir no 72 hou		RTHPLACE ISTATE OR FOREIGN OUNTRNEW YORK	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED ** DIVORCED **	9 BALTIMORE CITY OR COUN Prince George	
rs ofter d by the fu	10 C	Largo	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Manor Care No	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
.ND 212.24 hour 24 hour filled in I ould be if	13a	AL RESIDENCE (IF NURSING HOME COU	PTYG. 130 CTYRATE		13e SIREET ADDRESS 316 Montgomer	y Street
E, MARYLA outed within completely 1 and 2 sh	14 F/	THER'S NAME FIRSHENTY Cha	ries Durand LAST	15 MOTHER'S MAIDEN NA Sare 51 Loui		
IMORE, M. Se executed n and camp . Pages 1 an medical ex		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI			ell same as abov	'e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be file th and Mental Hygiene prior to burial, cremation, or remaval. Only the medical exeminer must be no orked or them 18 shows any injury, or other traumatic event, the medical exeminer must be no	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	neo Myreas. JENCE OF JOSELEVOSES	diles MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 years 16 years
VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YESNO
S PHYSICIAN: The Internding physician. Fr this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ced or item 18 shows	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 210. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM TE	
DIVISION OF PROPERTY OF After the east the alth and marked of	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
TTENE pirtal TTOR: far us af He		sow the deceased alive a above, (1) (we) (did) (did n	ot view the body after death	ond that in (my) (our) opinion	death occurred on the date and hi	our and from the causes stated
OR he ho DIRE rache		Phlut &	In Coney ?		MEDICAL STAFF DIRECTOR PHYSICIAN	12/24/19
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State IMPORTANT: If		Lettral NA	fain Street	22e. ADDRESS		
0103BP	,			NAME OF CEMETERY OR CREMATORY Westview Mem. Pa	23d. LOCATION CITY OR TOWN CREATER CATONSVILLE	
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	Donaldso	on Funeral Home,	Laurer, Mu	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

ec, 2a, 1979 6:15 cm acsarod, mojus, saily nly Wite. January 20, lust piro re rminos com o CUTS. arc slivesuc. 'anor Care inrsing do'e Nd P.C. Laurel X 31 contgonery Street . erry chiles arend . . era so ise Coffin (oo in 118 18 1773. inifred sell same as above

Exixxrestion occ.20,1979 sectvicy em. rack atonsville, M. o.aleson weerst o.e., aurel, M.

CHAMBERS FUNERAL HOME - RIVERDALE. MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

2000 12-07-79 LEWIS C. THOMPSON PRINCE GEURGE'S COUNTY CHEVERLY PRINCE GEORGES NURSING CENTER Preside the refer that we work SURESH C. CUPTA 3503 PERRY ST MT PAINTER NO 20822 AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART BURIAL

all and the second of the seco

				STATE OF MARYLAND				
	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 9	3 6 6 5		
-		REGISTRAR		CERTIFICATE OF DEATH	REG, NO			
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR		
200		MAY	Burke	TIERNEY	Decemb	er 15.1979 6 4M		
	3. SE	X 4 F	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH			
		Female (Caucasian	9/10/1881 YEAR	98	MONTHS DAYS HOURS MIN		
é		RTHPLACE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF			
807		DUNTRY	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince G	007.50		
to do		eland TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION			
190			(IF NOT IN SUCH FACILITY, GIVE STREET Carroll Mano)	ADDRESS)	Retired C	working (IFE) Inwalldorf ashier		
t pe	USU.	AL RESIDENCE IF NURSING HOME OF OTH	FER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	AStoria		
230		rvland Montgo		Chase YES X NO [idson Drive		
ne		THERS NAME		15. MOTHER'S MAIDEN NA	ME	reson brive		
\$57		FIRST MIDE		FIRST	MIDDLE	tAST		
0	16n V	Patrick VAS DECEASED EVER IN U.S. ARMEI	Burke D FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	UNKNOWN_ADDRES	SS		
edic	((IF YES, GIVE WA	114-03		Cogan	ame as #13		
E H		No			· cogan, s			
nt, the		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B'	ne couse per line for (o), (b), on	dic		APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH		
eve		IMMEDIATE C		pollemoned		15 days		
ofic of		4140	DUE TO, OR AS A CONSEQUE	ENCE OF , D 11		N -T		
er fraum		Conditions, if ony, which	16) arterios	cleration heart de	alast	Smoutho		
er frog		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF						
t o		underlying couse lost. Due IO, OR AS A CONSEQUENCE OF						
, 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
njory	Z				more program on comp			
ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED		
	기 분				YES NOX	IN CERTIFYING CAUSES OF DEATH? YES NO NO		
Shows		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR				
is marked or Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA			,		
# # F	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION				
0	MEC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	N COUNTY STATE		
orke		AT WORK			, , , , ,			
ē.		220.1 certify that (I) (this haspital)		4 11 1979		, 19 <u>79</u> , that (I) (we) lost		
_		sow the deceased alive on above, (1) (we) (did) (didnet) vi	ew the body ofter death	ond that in (my) (our) apinion	death occurred on the do	te and hour and from the causes stated		
tem		226. SIGNATURE		DEGREE		22c. DATE SIGNED		
*		Fromas F	(sellins) M.	ATTENDING PHYSICIAN [MEDICAL STAF	IZ-18-79		
Z	-	22d. PHYSICIAN'S NAME (TYPE OF PRI	NT)	22e ADDRESS				
IMPORTANT: If Item 2		THOMAS F.		1D 2600 Q	WEEN'S C.	HAPEL ROAD		
W W								
	23a. E	SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
_		Burial :		t. John's Cemet		Island, NY		
/76	24_F	INERAL DIRECTOR A. Pui	mphrey Fumer	al Homes, P. A.D	ERECO BY REGISTER 2	Sb. REGISTRAR'S SUGNATURE		
		7557 Wisconsi	in Ave Ret	hesda MD				
				The same of the sa				

All the print and said a 1/29 me. Heart the 221 Minute Commission of the Commi

12 19 79 9:28A	TIGGETT	_{1}	33	CPA(A)
68	- 18 - 79	J	BLAC	STARS
PRINCE GEORGES	x -	S. A.	. []	.AV
HOUSE WIFE	JATISTON JAS	GEORGES GENE	PRINCE	CHEVERLY
2510 KENT VILLAGE	X	LATDOVES	· 6.	MARYLAND
RICKS	ACA	PEGRAM		CHESTEY
ADDISON 133 56th PL. F.	ST FLOSSIE	577 01_46		011
				120. V 4
7601 SHEATER RD. LA DOVE	ONY EARK	22 /79 HARD	12/	BURIAL

Suitland.

Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

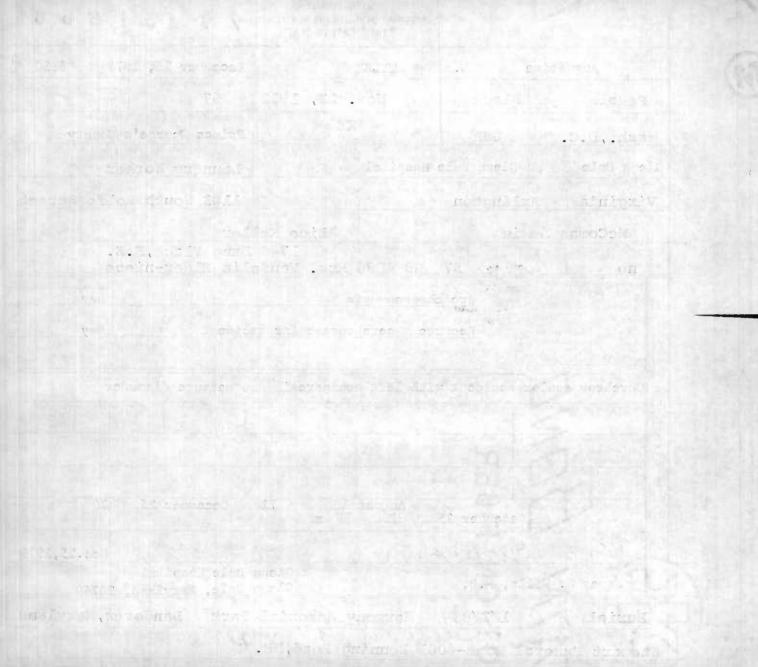
FOR

- STATE

(VRA 15, 4) 7/78

Funeral Home Inc

2.	-			STATE OF MARYLAND			
1 ~	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG NO.	3 1 6 6 8	
_		PECEASED NAME FIRST	MIUDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR	
(MA)		Augustine	L.	TYLER	December 25,	1979 6:30 A	
ectors after c	3 S	Female	* RACE Black	NOV. 22, 1912	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN	
nerol dir.	100	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS USA	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO Prince Georg	DUNTY OF DEATH	
rs after de by the fur filed within	3 G	CITY OR TOWN OF DEATH lenn Dale	11. NAME OF HOSPITAL, NUR JE NOT IN SUCH FACILITY, GIVE STI Glenn Dale Ho	SING HOME OR OTHER INSTITUTION EET ADDRESS) SPITAL	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WOR Laundry Wo	KING LIFE) 126 KIND OF BUSINESS OR	
ST., BALTIMORE, MARYLAND 2120 strificate be executed within 24 hours g physician and campletely filled in by angopers. Pages I and 2 shauld be fill event, the medical examiner must be an	2		other institution, give residence be ITY 13c. CITY OR TO Clington	YES NO		n Rolfe Street	
ompletel	1	McComas Lev		Is MOTHER'S MAIDEN NA Alice Ke.	ller	LAST	
n ond co	3 160	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) YES, GIVE	WAR OR DATES)	OURITY NO. 17 INFORMANT 1748 9 4886 Mrs. Vande	Lang Pîace, elia Elder-r		
I., BALI	event, the	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	BETWEEN ONSET AND DEATH Days				
×		Conditions, if ony, which gove rise to immediate couse oil, stating the	DUE TO, OR AS A CONSECUTION (b) Recurren	DUENCE OF t cerebrovascular a	ccident	Days	
DIVISION OF VITAL RECORDS, 201 W. PRESTO ING PHYSICIAN: The low requires that the death or attending physician. Wher this certificate has been signed by the ottens os the burial-transit permit. Then please remove contributed Mygiene prior to burial, cremation, or orked or them 18 shows only injury, or other troumo orked or them 18 shows only injury, or other troumo	ows ony injury, or other	CERTIFICATION	underlying cause lost	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	O DEATH BUT NOT RELATED TO THE TERM	inal disease or conditiond seizure dis	IN GIVEN IN PART 1(0)
AL RECORI			190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
IOF VITA IICIAN: Ti g physica g physica errificate rial-transit errial-transit fem 18 sh	200	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED JENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
IVISION JG PHYS ottendir ter this stebu h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTEND spitol o CTOR: A for use of Heal		22a.1 certify that 21) (this hospit saw the deceased alive an above, (A (we) (did) (A 4 4 6	December 25 view the body ofter death.	n August 18 , 19 71 79 , ond that in (XX (our) opinion	to December 2 death occurred on the date or	5. 19.79., that X (we) lost and hour and from the couses stated	
Y the hory the hory the hory the horored detoched detoched horted port.		226. SIGNATURE	Twills p.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR MPHYSICIAN	Dec. 25, 1979	
TO HOSPITA reformed by TO FUNERA should be de with the Stot		James W. Wil			n Dale Hospita n Dale, Maryla		
BP		Burial ()		NAME OF CEMETERY OF CHEMATORY Harmony Memorial	Park Land	dover, Maryland	
DHMH - 16 60M 1/75 (VR A 15 (4))		tewart Funera	1 Home-4001	Benning Road NE.		EGISTRANS SISMATURE	

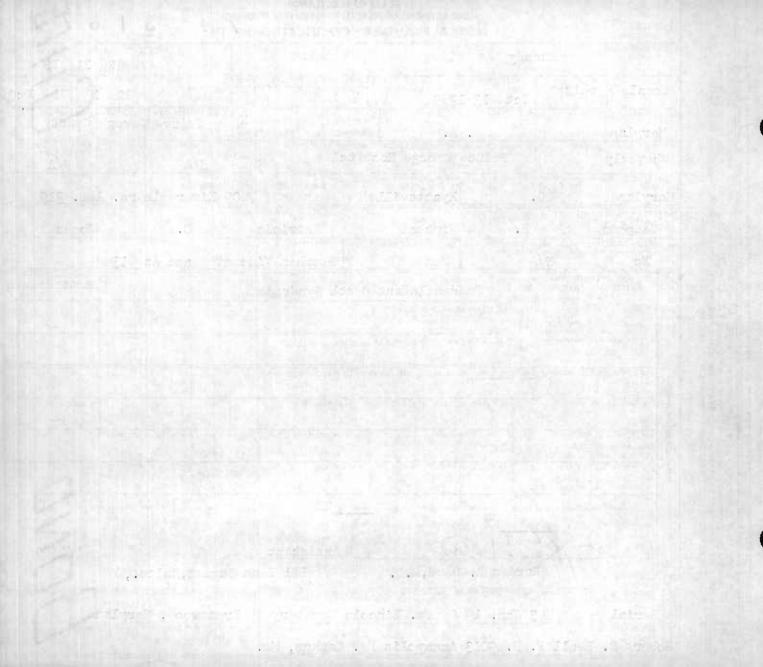


	1			STATE OF MARYLAND	and and an artist of the state					
	1	FOR - STATE REGISTRAR	DEPARTM	EENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1669				
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR				
3 四卷二	(III)	Anna Anna	M.	Vaughn	December :	5,1979 650 A.M.				
Man .	3 SE		1 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
7		Female	white	Jan. 24, 1904		ONTHS DAYS HOURS MIN.				
		OUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Prince Geor					
4 11 1	_	entucky ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED	170 USUAL OCCUPATION	MU.				
专题	100	Lanham	(IF NOT IN SUCH FACILITY GIVE STREET A	DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE Ret. Emplayee	12b. KIND OF BUSINESS OR INDUSTRY Government				
9 53 3/	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)						
The following			Wash.D.		1645 Park Roa	d N.W.				
1 16 100	14. F.	ATHER'S NAME FIRST N	NIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	LAST				
2 28 (201		** 1 1	anton Barnet	t Minnie	L	Cole				
1 1 1 9		WAS DECEASED EVER IN U.S. ARA		RITY NO 17 INFORMANT	ADDRESS					
E 60 E		TO	401-05-	-2325 Erwin S. F	3102 Haze	lton Street				
e c = 1	-				TACKIGILS CHU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
cot opposo		PART I. DEATH WAS CAUSED		11. +						
ev en		IMMEDIATI	ECAUSE 10) CE-CIE	e lyrres!		E mi				
e death cert e attending I mave carban ration, ar ren traumatic ev		4409	DUE TO, OR AS A CONSEQUE	NCE OF		1.1.000				
dea otte ove ntian		Canditions, if any, which	(b) CIFE	Alinia ATi	01000000000	VEARCS				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCF OF						
that the desired by the second creamer.		underlying cause last.	(6)							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
equire n signa Then p ta bu injury,	Z	Mill	41010 5,10	as ic						
To or it	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED				
So os	I SE				IN CERTIFY	YING CAUSES OF DEATH?				
The Ite	- E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171/ HOW BUILDY OCCUPE	YES NO YES	NO [
		OR CONTRIBUTING CAUSE OF DEAT	LUCUID A M. MONITUL D.	Y YEAR	(ENTER NATURE OF INJURY IN TEM 18, FA	RTT OR PART 2)				
IYSICIA ding pl is certif burial-t Mental ar Item	N V	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		The second second				
16 6 7	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
DING P or offer Affer the se as the olth one morked	1		al) attended the deceased from	1415 1976	to December 5	19 <u>77</u> , that (I) (we) last				
Z = S = E		sow the deceased alive on.	December 3 197	20	death occurred on the date and hour					
haspith haspith haspith hed far ept. of them 21		above, (1) (we) (did) (did no	view the body after death.		acom occorred on the dote ond hoor					
0 " 0 " 0	1	17h SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED				
by the by the ERAL DI e detacl		- Na		PHYSICIAN /	DIRECTOR PHYSICIAN	112-5-19				
HOSPITAL index by the FUNERAL wild be detroph the State oortann:		224 PHYSTICIAN'S NAME TO CH	PRINT)	22e. ADDRESS						
		LEON LONG	JKU M.D	3408 Rhu	OF ISLAND	AUD				
op o	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION					
BP		specify) urial		t'1. Mem'1 Pk.	Falls Church	o, Virginia				
					REC'D. BY REGISTRAR 25b. REGISTE	,				
DHMH - 16 50M 7/77 (VR A 15 (4))	10	NAME CHUST	al Home-Falls	Church Va DE	1 1 1070 Risk	no Mc Buch				
	1	oronial runer	ar nome-rarie	OHOTOH, INC.	1013	1				

A STATE OF THE SECTION OF THE SECTIO	Kona Milan
	Formale who The Committee
Marce Kenges	
st. Heplöyea Covernmon	works on majoring feeling through the are
.W. v heat fret 200	el 1
L. Coid 1107 Fared bor 1107 Fared bor 1 troot	Eduan Stanton Boundto Miorio Bon- 10 481-05-2125 Eduas. 48

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH? REGISTRAR DECEASED NAME Vincent 20 DATE KNOWNXX MONTH 26 HOUR Brandy (TYPE OR PRINT) 310 DEATH MATED DAY YEAR white 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE female PRONOUNCED 31 10 79 10:19 Oct 13 1979 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Prince Geroge County Maryland DIVORCED u S. A. BE FILED, V DS, 301 W. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS "Prince"George Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Cheverly N/A N/A RECORDS. ND 2 SHOULD E JSUAL RESIDENCE (IF IN NURSING HOME C 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3e. STATE Maryland 7609 Riverdale rd. Apt. 319 Hvattsville YES K NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME DIVISION OF VITA MIDDLE Stephen Patricia Vincent Jones 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. PAGES No Stephen Vincent Same As #13e None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION E USED 19e. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO PRIOR TO BURI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE STATE DIRECTOR: 1 220 I certify that I taak charge of the remains described above, held an and in my apinian Inspection AND death resulted from: Undetermined manner TITLE (SPECIFY) Assistant 1/1/80 SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M. D. 111 Penn Street, Balto. MD EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Jan. 1980 Ft. Lincoln Cemetery Brentwood, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** 1980 (VR A15 ME (51) Robert G. Beall F. H. 9013 Annapolis Rd. Lanham, Md.A. 15M 7/76

STATE OF MARYLAND



8 1	1 - 5	ems #1 OR ITATE EGISTRAR	Ba-22a Fi		PEPARTMEN	T OF HEALTH	MARYLAND I AND MENTA CERTIFICATI		TH Y	3 1	6	7 1
П	DEC	EASED NAME	FIRST		WIDDIE		LAST	_	20. DATE KNOW	G. NO.	DAY YE	AR 26 HOUR
SE. S. S. F.	(TYPE	OR PRINT)	Patri	cia	R.	Wa	lker	1500	OF ESTI-		1119	79 "
20-21	. sex Fen	nale	Black	5. DATE OF BIRTH MONTH DAY Aug. 2		E (IN YEARS IF UN T BIRTHDAY) MONT		DER 24 HRS.	PRONOUNCED DEAD	монтн 11		EAR 24 HOUR 5:05
	W.	THPLACE IST	o.c.	76. CITIZEN OF WH	AT COUNTRY?	8. MARR WIDOV	IED NEVER M	ARRIEDXX ORCED	9. BALTIMORE CI	George		
99-19		Chever	ly /	Prince G	eorge's	General	Hospital	FOR M	ALOCCUPATION OST OF WORKING LIFE Tone	TYPE OF WORK		F BUSINESS
1047	30 ST	RESIDENCE O	113b. COUNT	ROTHER INSTITUTION, GIV TY Lumbia, W	113c CITY OR TO	NWC	134 INSIDE CITY LIMIT	15? 13° STRE	83 Vall	ey Ave	nue, S	5.E.
01	4. FA	Melv:	in Walk	WIDDLE	LAST		is. MOTHER'S M Cle				LAST	
DIVISION OF THE	(YE	AS DECEASED S. NO. OR UNKNO NO	EVER IN U.S. ARA		166. SOCIAL SE	0 2487	George	e Hock	aday-b:	rother	134 -St.,	42nd N.E.
URIAL-TRANSIT PERMIT. P 4D MENTAL HYGIENE, DI 4, OR REMOVAL.		304 Condition gave ris	IMMEDIAT s, if ony, which to immediate stating the under-	DUE TO, OR		heroin ENCE OF	intoxica	tion			APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
CREMATION, OF	NOI	PART 2 OTHER SIG	NIFICANT CONDITIONS	(c)ONTRIBUTING TO DEATH 0	UT NOT RELATED TO	INE TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1 (q).				
PRIOR TO BURIAL, CRE	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTO			
3	CALCERI	UNDERLYING	CAUSE WAS OR IG CAUSE OF D		MONTH DAY	YEAR	OW INJURY OCCU	JRRED (ENTER N	ATURE OF INJURY IN IT	EM 18 PART 1 OR PAI		nebil
	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE CAT WORK		F INJURY (AT H ORY, FARM, ETC.)		CATION		CITY OR TOWN	cou	UNTY	STATE
WARYLAND, 21201		220. I certif death resulte ACTUAL	that I taak charge	e af the remains desc al causes X,	ribed obave, hel	d an Autop Suicide	sy Annicide TITLE (SPECIFY	Y)	Inquiry ,	and in my ap	11	/13/79
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BATTMORE, MARYLAND, 2	-	SIGNATURE EXAMINER'S I	Virgi	inia L. Do	olan, M.	D.	ADDRESS	MED!	CAL EXAMINER	Penn St		-3/17
P AFTI	3a. BU	RIAL, CREMAT Urial	MN,REMOVAL 2	Bb. DATE 11/16/79	4 23c NAME	OF CEMETERY C			CATION	itland		rl'and
M - 17 5 ME (5))		NERAL DIRECT		Home-	4001 B	enning	Road, N	ATE REC'D. BY	REGISTRAR 25b.	REGISTRAR'S S	IGNATURE	heady

The reserve of determinant of the second of And the control of th .C.S. The relate IDCorporot Table of the contract of

At the at the miles Jan I can a Library Color of the Color of t TREE DESCRIPTION OF THE PROPERTY OF THE PROPER

ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL CHATTENDING PHYSICIAN, The retoined by the hospital or attending physician.

TO HOSPITAL

	1.	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	GIENE 7 9	3 1 6	, 7 3
7		CEASED NAME FIRST CLARE	NCE WOODROW	WAUGH	AST	20. DATE OF DEATH	0.5.1979	26. HOUR I
14	3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		7.77
		Male	Cau.	12	1 1 1 1 1 1 1 1 1 1 1 1 1	65	YRS MONTHS DAY	YS HOURS MIN
otonce.	- C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? I MARRIE WIDOWE	D NEVER MARRIED	Prince (Georges Co.	M
filed with	10 C	ty or town of death Lanham	11. NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STRI Doctors Hospi	EET ADDRESS)		12. USUAL OCCUPATION OF RETIRED.	ON 12h KINE WORKING LIFE INDUSTR	o of Business of ry rpenter
should be f	USU 13a	AL RESIDENCE (# NURSING HOME STATE 136 CO Pr.	or other institution, give residence ber unity 13c city or to Geo. Suitlan	ORE AOMISSION) OWN LÅ	138. INSIDE CITY LIMITS?	13. STREET ADDRESS 3518 Terra	ace Dr.	
20 -=	14 F/	William	MDDLE Waugh	ı	15 MOTHER'S MAIDEN NA FIRST Lulie	ME MIDOLE		arold
Poges I and i	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# YES, O WW.	ARMED FORCES? 166 SOCIAL SE SIVE WAR OR OATES) 579-10-		Mary Rockwel	ADDRE		
ng physicio bonpopers. removol. c event, the		PART I. DEATH WAS CAU	only one couse per line for (a), (b), SED BY ATE CAUSE (o)	RATO	Ry FAL	MRE	A PPR	OXMATE INTERVAL EN ONSET AND DEATH
d by the ottendin lease remove carb ial, cremation, or i or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECUTION OF A C	5	yporic	COPD -	N.) ys
Then ple to burio	NO		T CONDITIONS CONTRIBUTING T	O DEATH BUT		AINAL DISEASE OR COND	ITION GIVEN IN PART	llot
re hos been sit general.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	
certificate urial-transi tental Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2	7)
s the bur s ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOW	N COUNTY	STATE
TOR. Affor use of Health		sow the deceased alive	spital) attended the deceased from		nd that in (my) (our) opinion	death occurred on the do	19_ te and hour and from t	_, that (I) (we) los the couses stated
AL DIREC detoched ote Dept IT: If frem		17h SIGHTATUBE	S Company of the body of the bedry		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 0	TE SIGNED
should be down with the Sto		22d PHYSICIAN'S HAME (TYP	E OR PRINT)		93% W	TARM-CEN	BEN RD.	CAN MAN
2 3	23e (Burial, CREMATION, REMOV. Burial			emetery or crematory d Nat. Mem/Pa	23d LOCATION CITY OR TOWN TR Laurel	P.G.	state Md.
IMH-16 20M A 15, 4) 7/7B		UNERAL DIRECTOR NAME P. Kalas 6160	Oxon Hill Rd. O	xon Hi	DE	C 1 0 1979	25h. REGISTRAR'S SIGN	0

STATE OF MARYLAND

e de ger e an le Transfer of the state of the st The spectrum firms in the first term of the second

ather traumatic event, th

marked ar Item 18 shaws

IMPORTANT: If Irem 21 is

ta burial, crematian,

STATE OF MARYLAND

	FOR STATE REGISTRAR		ALTH AND MENTAL HYGI CATE OF DEATH	IENE 7 9 3	16	7 4
	1 DECEASED NAME (FIRST ME CARL	B. W	666	12 - 25	DAY YEAR	2 AM
	3 SEX M 4 RACE	S. DATE OF	BIRTH DAY YEAR 99	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
3	COUNTRY) 9 . A	S. A WIDOWED	NEVER MARRIED DO DIVORCED	Prince 6	reorge's	MD.
)		HOSPITAL, NURSING HOME OF HEACILITY, AVESTREET ADDRESS!	atter.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII	NG LIFE) INDUSTRY	GOVT.
7		GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDECITY LIMITS? YES NO	130/STREET ADDRESS	Pl'v.	w.
	14 FATHER'S NAME MIDDLE MIDDLE	web6	IS MOTHER'S MAIDEN NAM	LHELMINA .	Brya	int.
	(YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 579-60-6319	17 INFORMANT	Webb (wife) SAME A	S 13
	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ind stage	Liver disea	se	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		AS A CONSEQUENCE OF	Liver			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

-NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

gove rise to immediate

stating the

couse

lost

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.)

21f. LOCATION

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO

22a I certify that (I) (this haspital) sow the deceased alive or 22b. SIGNATURE

couse 101,

CERTIFICATION

MEDICAL

underlying

obove, (1) (we) (did) (did not) view the body ofter death

22e ADDRESS

20

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOX

CITY OR TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

BP 24 FUNERAL DIRECTOR

BURIAL

230. BURIAL, CREMATION, REMOVAL

23b. DATE 12/28/79 FRANCIS J. COLLINS

23c NAME OF CEMETERY OR CREMATORY FORT LINCOLN

BRENTWOOD

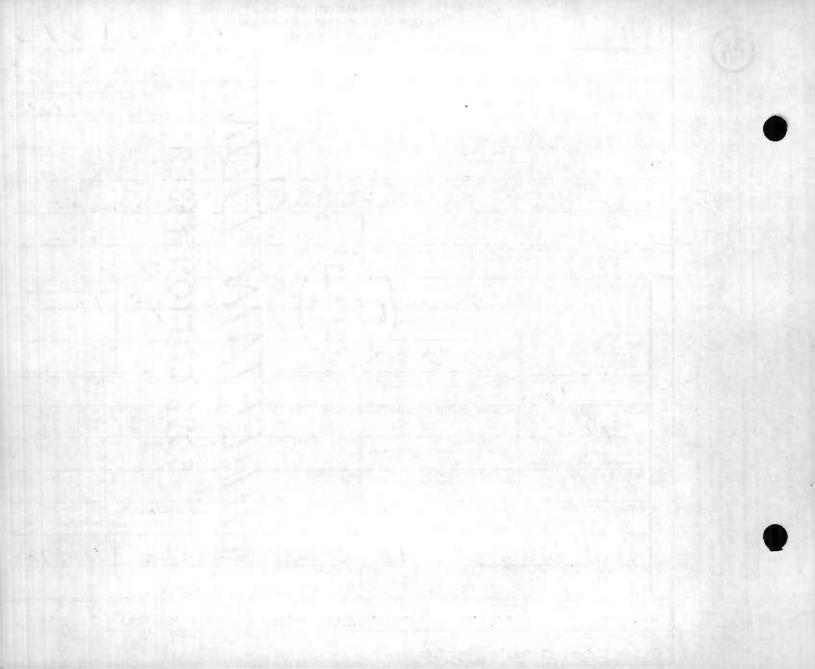
500 UNIV BLUD W. SILVER SPRING, MD. 20901

DEC 26

DHMH - 16 50M 1/76 (VR A 15 (4))

BURIAL TE/68/79 FORT LINCLU REPARESON TRI GEO SECTION OF STRUCK SECTION OF SECT

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH Martin (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY PATTIMORE CITY OF COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Wisconsin U.S. A. WIDOWED 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Statistion Census Bureau 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Clinton 11904 Piscataway Road NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wildes Ernest Elma Laib 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ARoute #2 Land-O-Lake (YES, NO, OR UN NOWN) (IF YES, GIVE WAR OR DATES) 219 42 2686 Hollywood, Maryland Richard C. Wildes 18. CAUSE OF DEATH (Enter only one cause print for a), (b), and (c),) BETWEEN ONSET AND DEATH Der Jenseul Carelio Vascular descare PART I DEATH WAS CAUSED BY AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER Augusto P. 5009 Rayburn Ct., Camp Springs, Md. 20031 Rodriguez, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial Maryland Suitland 12-22-1979 Cedar Hill Cemetery 24. FUNERAL DIRECTOR BODETT E 250, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wilhelm Funeral Home DHMH - 17 (VR A15 ME (5)) Suitland Maryland 15M 7/76

Charles of the control of the contro a language of the second no netta de la companya de la compan dink and a series of the serie William - Intel District be that the state and the state of the state The best trained of the half all the war to ALMOS AND REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY AND ADDRESS A

F. Gasch's Sons F.H. P.A. Hyatts. Md.

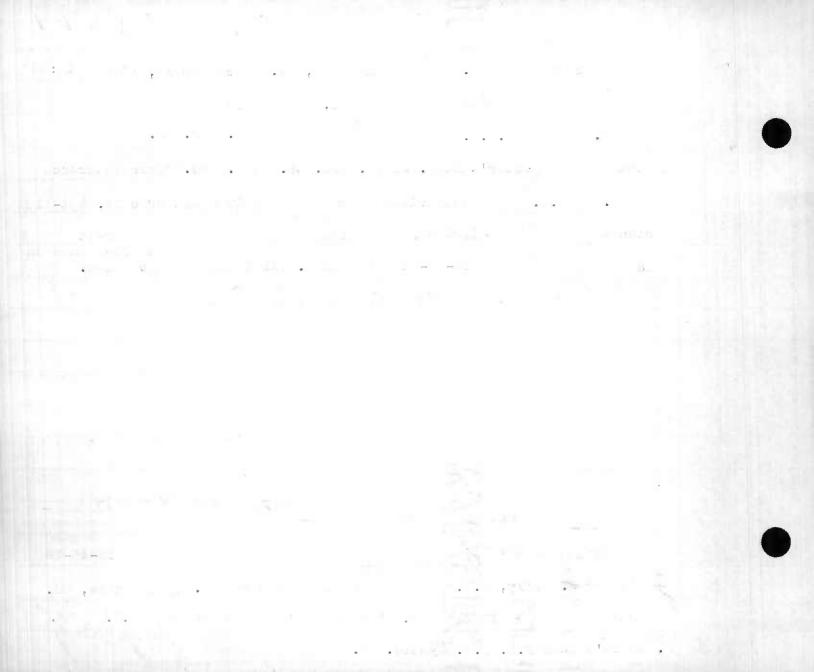
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 20M

(VRA 15, 4) 7/78



V					STATE OF A	MARYLAND		
0			FOR STATE		DEPARTMENT OF HEALTH	AND MENTAL HYGIENE	9 3 1	6 / 3
1	-		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.	
	(BH)		CEASED NAME FIRST		WIDDLE		TE KNOWN MONTH	DAY YEAR 76. HOUR
w.	([V])	{1119	A1150		· WILLIA	MS DE	ATH MATED 12-	231979 "
Ē		3. SE>	1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS IF UT		ATE MONTH	DAY YEAR M HOS
≥	Z 2 C Z	Z	mele White	6-22-	04 7.5 YRS MONT		OUNCED 12 - 13	79/1
SAR	AL VOIS		RTHPLACE STATE OR	76. CITIZEN OF WI	HAT COLINITOVS	ED PNEVER MARRIED 7 BA	LIMORE CITY OR COUNT	Y OF DEATH
	FUNERAL DIE 5 FOR YOU WITHIN 72 W PRESTON		REIGN COUNTRY)	USA	WIDOV		Tince Colm	400
Z S	. × . ×		TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OTH		CUPATION (TYPE OF WORK	12b. KIND OF BUSINESS
<u></u> ×	A La MED Y	07	dates Md	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	FOR MOST OF	WORKING LIFE)	OR INDUSTRY
DEL		USUA	inton, Md. L RESIDENCE (IF IN NURSING HOME	Souther Souther on GI		ospt. Reti	red	
5 Z	RETAIN 3 TO SECOND SECO	13a. S	TATE 136 COU		13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e STREET AD		D 1
21201 F ANY	1.00		aryland	1.6	Brandywine		Brandywin	e Koad
MD.	ST. ST.	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAME	MIDDLE	LAST
	AND 2 SONITAL		SHERIDAN NA	SH		LAVINIA GRIG		
MON TER			VAS DECEASED EVER IN U.S. A ES, NO, ORUNKNOWN) (IF YES, GIN	RMED FORCES?	166 SOCIAL SECURITY NO.	17_INFORMANT	15550 Bra	ndywine Rd.
BALTIMORE,	WITH FOUNDSION		No		578363117	Frank Williams		
			18 CAUSE OF DEATH (Enter of	anly ane cause per line	for (a), (b), and (c).)	4 7	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			PART I DEATH WAS CAUS	ATE CAUSE	Letipelliotic	Cardid Vascut	es oureare	
PRESTON	===0.0:		4191	DUE TO, OR	AS A CONSEQUENCE OF			
RES	CIL IN INER A ANSIT TAL HY MOVAL		Canditians, if any, whice					
¥ . >	ZSEZE		cause (a) stating the unde		AS A CONSEQUENCE OF			
01.0	XXXX		lying cause last.	(4)				1-03
S, 3	BUR BUR		PART 2 OTHER SIGNIFICANT CONDITION	(c) NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OF CONDITION GIVEN IN PART 1 (a)		
DIVISION OF VITAL RECORDS, 301	"PENDING" "PENDING" "E MEDICAL SED AS A BUI HEALTH AND CREMATION,	Z	The state of the s					
EC.	PEN	MEDICAL CERTIFICATION	19a, DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
AL		5						YES NO
VII	WORD WORD THE CH THE CH THE THE CH THE CH TH	E	21g. EXTERNAL CAUSE WAS	21b TIME O	FINITIRY 21, H	OW INJURY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR PAI	
OF CAT	THE STAN	C	UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	OUT INSURT OCCURRED (ELITERISMONE		
AO H	SHOULD ART	S	CONTRIBUTING CAUSE OF			DCATION		
N N	DED T 3 SH DEPA	MEL	WHILE ONOT WHILE				OR TOWN COL	UNTY STATE
a 5	E. WRITING SRWARDED PAGE 3 STATE DEF		WHILE NOT WHILE AT WORK					
à	RE ST		220. I certify that I taak cha	rge of the remains de	scribed abave, held an Autor	osy , Inspection , Inq	uiry , and in my ap	unian
2	STOFF			tural causes 2,	Accident , Suicide	Hamicide Undetermine	ed manner .	
	REC VITH		Δ		1/)	TITLE (SPECIFY)		
	A V D C C		ACTUAL SIGNATURE	nisty 1.	todayung /	Deputy MEDICALE	DATE SIGNE	012-23-19
A D	SH SH		1	1				
AFD.	NO WELL	-	EXAMINER'S NAME (/A	ugusto P.	Rodriguez, M.D.	5009 Rayburn	c., camp spri	ugs, mu, zoost
C	MEDICAL EXAMINATES PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:	230 B	URIAL, CREMATION, REMOVAL	123h DATE	23c. NAME OF CEMETERY C		ON	
1000		(SPECIFY)	12/28/70	T TNO CERT ACT			NTY STATE
	BP		UNITAL UNERAL DIRECTOR	12/20/19	1622 11th.	St. MUSa. DATE REC'D, BY REGI	TAND MD	IGNATURE
()	DHMH · 17 VR A15 ME (5))		NAME	ADDRESS		. OFFORT W	119 1000	- Crassey
	15M 7/76	M	RROW & WOOD	FORD, INC	Wash. D. C	4		6/

bedided a dead for Front medicates . It's well thought become the pilling and and reflection to the line of A Philadelphia and a second of the second of

AHTESIOO EMAILLIAMS 12 31 79 5:45 6 PRINCE GEORGES CHEVERLY PRINCE GEORGES GENERAL HOSPITAL To.5, No. 1, See and the control of ANGLE Sanning Read, M.E. Spere and Land Park

	DEC	TATE REGISTRAR EASED NAME FIRST OR PRINT)	MEDICAL EXAMI	NER'S CERTIFICATE OF I	20. DATE KNOWN TO MONTH	DAY YEAR 26. HOUR
Carte	(ITPE	Jerome		Williams	DEATH MATED 12	2 19 79
Z Z Z	SEX Ma	le Black				2 19 79 2d HOUF PA
A P P P P P P P P P P P P P P P P P P P	FOR	EKGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George'	
AGE AGE	Ch	everly Pr	I AME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL OF HOSPI	neral Hospital	O USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
RETAIN RETAIN HOULD RECORD	3a ST		HER INSTITUTION, GIVE RESIDENCE BEFORE ADMIT	/ 113d INSIDE CITY LIMITS? 113d	STREET ADDRESS	d N.E
ME PRI	4. FA	THER'S NAME FIRST (h An Or/lon W	IDDLE LAST	15. MOTHER'S MAIDEN N	I Mc Carry	LAST
Sion o	6a. W	AS DECEASED EVER IN U.S. ARMED S. NO. OR UNKNOWN) (IF YES, GIVE WAR			1/1mms Summers	13 E
A ALONG WITH A ST PERMIT, PA HYGIENE, DIV		18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C	AUSE (o) Brunt inju			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
= F Z = 0		Conditions, if any, which gove rise to immediate couse (a) stating the under-	(b)			
CAL EXAMINATION, BURIAL-TRA		lying couse last.	DUE TO, OR AS A CONSEQUENCE			
204 20	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1	(0).	
A P D D A	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20. AUTOPSY? YES X NO
2550		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE OF INJURY HOUR A.M. MONTH DAY YE	AR	enter nature of injury in item 18 part 1 or part on head with blue	RT 2)
STATE DEPAR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 10050	21f. LOCATION STREET 5200 Sheriff Rd	CITY OF TOWN	UNTY STATE
12 P K			the remains described obove, held on ouses , Accident ,	Autopsy X, Inspection	Inquiry , ond in my op	
0	- 1	death resulted from: Notural co	doses, Accident			
L DIRECTOR: H, WITH THE MARYLAND, 2		ACTUAL SIGNATURE	Lholan 11)	TITLE (SPECIFY)	.MEDICAL EXAMINER SIGNE	12/4/79
DIRECTOR: WITH THE ARYLAND, 2		ACTUAL SIGNATURE Urzina	A m	M.D. Assistant	DATE	

A MARKET AND A STATE OF THE PARTY AND ADDRESS And the second of the second control of the THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF The little to the same of the 1622-01-197 3.559.4. WILLIAMS PRINCE GEORGE'S COUNTY GIORGE'S GEMERAL OSPITAL I I MA 20° 41' I = AV IIII . T - O 2'112,105 :'D A IIII 'S I , 205 A I I II. 6525 EELCREST RD. HYATTSVILLE, ND ROBERT DEITZ, M.D. C. LIII

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH-16 50M 7/77 (VR A 15 (4))

s ofter death

4 may be

	1-	FOR STATE REGISTRAR			DEP		T OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	9 REG. NO	3	1 6	8 2
		CEASED NAME FIR	ST	,	MIDDLE		LA	AST .	20. DA1			DAY YEAR	26 HOUR
	11115	Lawre	ence		E	Wi	111	ams	27	Novembe	er 30,	, 1979	3:00 p.A
	3. SEX		4.	RACE				F BIRTH	6 AGE	(IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	37	Male		Blac			ept	. 12°, 191′9°	,	ED .	YRS.		HOURS MIN.
1		RTHPLACE (STATE OR FOREIGH	7 b	CITIZEN OF		TRY? 8	ARRIEC	NEVER MARRIED K	9 BALT	IMORE CITY OF	COUNTY	OF DEATH	
5		Md.		U.S.			DOWE			ince Geo			M
00	Ri	iverdale	Eı	ugene l	H FACILITY, GIVE S Leland	Memo	ria.	ROTHER INSTITUTION 1 Hospital		work for 70st of			OF BUSINESS OR
F	USŪA 130. S	AL RESIDENCE (IF NURSING H TATE Md.	COUNTY	Geo.	COTTE			13d INSIDE CITY LIMITS?	13e. STR	REET ADDRESS	Lake	land Ro	ad
		THER'S NAME FIRST Lawren	ce W	illiam:	LAST	ī		15. MOTHER'S MAIDEN NAME FIRST Jen		Poweri		ţA!	
1	6a W	VAS DECEASED EVER IN U	S. ARME	D FORCES?	212-16			Walter Willi	ams	(Cousin	\$3119)\$11ve	Fairla er Spri	nd Rda.
F		18 CAUSE OF DEATH (Er			line far (a), (b	b), and ic					5010	APPROX BETWEEN	ONSET AND DEATH
ı		PART I. DEATH WAS C	EDIATE	CAUSE (D) P	oorly o	diffe	ren	tiated adenoc	arci	noma of	the	One	month
	No		the	(c) Cholelithiasis DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT				NOT RELATED TO THE TERM	INAL DIS	BEASE OR COND	DITION GIV		e month
1	CERTIFICATION	19a DATE OF OPERATION						N WAS PERFORMED	- 1	AUTOPSY?	IN CERTIF	, WERE FINDI	S OF DEATH?
1		11-14-79 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	216. TIME O	M. MONTH			21c. HOW INJURY OCCURR	YES RED (ENT			S ART 1 OR PART 2)	NO 🗌
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE		PFICE, FARM.	14.5	211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		saw the deceased at	Le on	Novembe	er 30	rom No 19 79	, on	her 1 , 19 79 d that in (my) (our) opinion (r and from the	causes stated
		22b. SIGNATURE	2					20	MEDI DIREC	CAL STAF			-4-79
		Abraham D			D			22e ADDRESS 4404 Queensb	ury	Road, R	iverda	ale. Md	
		URIAL, CREMATION, REM		23b. DATE				EMETERY OR CREMATORY	23d.	LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		12-8-				Cemetery		Laurel,		Arunde	
		George R. Sn	owde	246 n Poc	N. Ma	shing	aton 20	Street DEC		BY REGISTRAR 1979	25h REGIST	RAR'S SIGNA	TURE

	erer in	Haz T	floof8	lafe?
			. 1. 2. 11	. http://dis
15 to a French				
begg basisis!		I drad apar	r. 600. (fo)	
Time of			2mmiffill g	
one (Course) Stiges in the Co	Halter Hilli	0000-51-5	7 4	764
Laurel, Anne Arundel, Yd		nota del	07.0.01	felvos
	19772	'ashington	Pate 1	ndr. Denrand

- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN FO MONTH TYPE OR PRINTS Williamson DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS DATE PRONOUNCED DEAD YRS 78. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BANIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) TEXAS U.S.A. WIDOWED 2 DIVORCED [FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY EUGENE LELAND MEMORIAL HOSPITAL RIVERDALE HOUSEWIFE OWN HOME USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Riverdale 13d. INSIDE CITY LIMITS? Maryland Prince Geo. 6229 61st Place YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 I MIDDLE MIDDLE Davis Fannie John Garvin 0 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADD 867 Mt. Airy Road DIVISION (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 454 36 2775 Willie E. Williamson Davidsonville, Md. BURIAL RANSIT PERMIT P ND MENTAL HYGIENE, DIN N, OR REMOVE CAUSE OF DEATH (Enter only one couse populine for (a), (b), and (c). less elestre Cardet Vosculo DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. USED AS A BURI OF HEALTH AND AL, CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL, YES NO NO 3 SHOULD BE DEPARTMENT C 21s EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FUND TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANTONE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held on Autapsy Inspection death resulted from: Natural causes Homicide Undetermined manner SPECIFY MEDICAL EXAMINER EXAMINER'S NA TYPE OR PRINCE 230 BURIAL, CREMATION, REMOVAL IN DATE 23d LOCATION Burial 12/29/79 Ft. Lincoln Cemetery P.G. Brentwood Maryland 24 FUNERAL DIRECTOR NAME Francis Gasch's Sons Funeral Home P.A. DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Hyattsville, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1000	11. 11. 11.	and the same	
<i>J.</i>					
19.00			1		Bit worth
	month is the cuen		of designation	relace co.	Innien a
nlves.		Trin 1	514.00	•	(et-1.
nime valla.	Ajva nemaliji	.2 51111	TENESTING FER		02
	and a point				
FIRST STATE				Charles Co	
		100		17 6 97 11	
	The Lawrence II		THERE .	27\U\D	Letenin .
			wing: I unions	1/1000	91 2

-	R	TATE		MI	DEPARTMENT O		CERTIFICATE	OF DEATH	REG. NO		9	9	
		EASED NAME OR PRINT)	FIRST	A TATAT	MIDDLE E	7.7	INDSOR	OF	KNOWN ESTI-		DAY	YEAR	2b. 1
3.	SEX	[4.	RACE	ANN Is. Date of Birth		YEARS IF UN			MATED [12 MONTH	1 19		34
	2		white	March 18	YEAR LAST BIRT	YRS.		MIN PRONOL	INCED	12		79	
70	BIR	EMALE (STATE (STATE)			VHAT COUNTRY?	1.	IED NEVER MARR		MORE CITY O		Y OF DE	ATH	
7	TORE	. ISIN COUNTRY)		US	A	WIDOW	_	ED 🗆 I	rince	Georg	ge s	Cour	ıt
		Chever]	-V	Prince	OSPITAL, NURSING HO. FACILITY, GIVE STREET ADDRES George's Co	.Hosp		12a USUAL OCC FOR MOST OF WO Wait	UPATION (TYPE	OF WORK	12b. KIND	OF BUS	Y Y
130	SUAL a ST	RESIDENCE (IF	THE COULT	or other institution, of the corges	GIVE RESIDENCE BEFORE ADMI 13. CITY OR TOWN Riverdal		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDR 5611	59th	ave			
				MIDDLE Windsor	J r		15. MOTHER'S MAID FIRST Mary	1	MIDDLE 1te		LAST		
16	(YES	AS DECEASED E , NO, OR UNKNOWN	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	216 76 18		Mary I	Windsor	River	dale,	, Md.		
	-1	Conditions	if ony, which	00210,0	R AS A CONSEQUENC	LOI							
MOITA		gave rise couse (o) st lying couse	to immediate oring the <u>under-lost.</u> FICANT CONDITIONS	(c) CONTRIBUTING TO DEATH	R AS A CONSEQUENC M BUT NOT RELATED TO THE TE	ERMINAL DISEASI		RT 1 (a).			70 AUT	OPSY?	
PTIELCATION		gave rise couse (o) st lying couse PART 2 OTHER SIGNI	to immediate oring the under- lost. FICANT CONDITIONS	ONTRIBUTING TO DEATH	N BUT NOT RELATED TO THE TE	ERMINAL DISEASI	AS PERFORMED?					OPSY?	2
	CERTIFICATION	gave rise couse (o) st lying couse PART 2 01NER SIGNI 19a. DATE OF O 21a. EXTERNAL 1 JINDERLYING CONTRIBUTING	FICANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF I	CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A.P	N BUT NOT RELATED TO THE TE OUTTION FOR WHICH OP OF INJURY 1 1/30/ M. MONTH 647/ YE M. 1/2/19	ERMINAL DISEASE PERATION W	as PERFORMED? OWINJURY OCCURRED olf/ingeste	D ENTER MATURE OF 1	NJURY IN ITEM 18 P/	ART 1 OR PAR	YES		2
	MEDICAL CERTIFICATION	gave rise couse (a) state bying couse PART 2 OTHER SIGNI 190. DATE OF O 210. EXTERNAL 1 JUNDERLYING CONTRIBUTING CONTRIBUT	FICANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF I	ONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A./ DEATH P. COND 21c. TIME C HOUR A./ STREET, FAC	N BUT NOT RELATED TO THE TE OUTTION FOR WHICH OP OF INJURY 1 1 30 / M. MONTH, DAY, YE	ERMINAL DISEASE PERATION W	AS PERFORMED? DW INJURY OCCURRED LETTING STORMS CATION	D (ENTER NATURE OF I	NJURY IN ITEM 18 PA		YES	2X	
	MEDICAL CERTIFICATION	gave rise couse (o) st lying couse PART 2 01NER SIGNI 190. DATE OF O 210. EXTERNAL 1 JUDERLYING CONTRIBUTING CONTRIBUTING AT WORK	FICANT CONDITIONS FICANT CONDITIONS PERATION CAUSE WAS OR CAUSE OF CURRED NOT WHILE AT WORK	CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A.A 21e. PLACE STREET, FAG	DE INJURY 1. AT HOME. CTORY, FARM, ETC.)	PERATION W	OW INJURY OCCURRED STATION THEET 59th Ave Sy M, Inspection, Homicide M, TITLE (SPECIFY) D. Assistan	ED (ENTER NATURE OF I	rdale , , and	Pr. G	YES	Zex Co.,	
	MEDICAL CERTIFICATION	gave rise couse (a) st lying couse (b) st lying couse (c) st lying cou	FICANT CONDITIONS PERATION CAUSE WAS CAUSE WAS CAUSE OF CURRED NOT WHILE AT WORK Chot I took charg from: Notur	ONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A.M. P.M. 21c. PLACE STREET, FAG ge of the remains de ral couses garita A.	DE INJURY 1. AT HOME. CTORY, FARM, ETC.)	PERATION W TO 21c. Ho Se 211. LO 56 Autop Suicide X D.	OW INJURY OCCURRED PLANT OF THE CAPECIFY) D. ASSISTANT ADDRESS	ED (ENTER NATURE OF I ED CITY OR T RIVE Inquiry Undetermined in	rdale , , and	Pr. G	YES	Zex Co.,	

rest Prince cor e's 20. 10. 11 THE THE THE THE PERSON OF THE OCCUPATION OF THE PROPERTY OF post and the first time of the second Little Talen Street Little of the Highlian

STATE OF MARYLAND

12.21.25 54	104.43		11.5	Flor
	1.01			
A Common Surregels				
10000000000000000000000000000000000000		* putz seinir		
Carlot MO.LEvanolish Elist		rod pii trig		
		140314		
that the state of	Ya Dangar	Constitution of	14	
		*	tent?	1756
a file now with both in				
Comment of the Comment of the Comment				

1926 , 1926 . C. J. S. Little Logaria (Sign CALES AND SECTION OF THE SECTION OF Memoriales - ASVD dely dutin-15/673 SELLES ELYN M. M. Bern M. THE THINK IT SEEMS IN THE MARKET OF THE 12-13-79 .trlington National Jemetery Fort M. er, Vs. F ----

				1-22a F1.	Lm G	140 }	DEDART	SIA	TE OF A	ARYLAN	DITALL	VOIENI	-					
1/			FOR 2/8/8 STATE2/8/8 REGISTRAR	30 rc \						AND ME			1.	REG.	3	6	8	1
15	25	1. DEC	EASED NAME	FIRST			WIDDLE			LAST			a. DATE	KNOWN.		DAY	YEAR 2	b HOUR
and the second	W & W	(TYPE	OR PRINT)	Caroli	ina		Hami	lton		Young			OF	MATED .	□ 12	2 19	79	M
	PLEA	SEX	4	RACE		OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER		RONOU		HTMOM	DAY		2d HOUR 9:08A
	ARY,	No. of Contract of	nale	White	Jan		1920						DEAD		12	2 19	79	M M
	FOR WITHE	FOI	REIGN COUNTRY)	TE OR			HAT COUN	TRY?		ED NEV		ED L			OR COUN			
		10 CI	Penna.	E DE ATH		S.A.		PSING HOM	WIDOW	ER INSTITUT	DIVORCI	A.1	P-	rince	Georg	re's C	OUN"	NEGGO
	LOS HAGE ST		anham	DEATH	(IF NC	T IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)	,		1011			RKING LIFE)	Dfitte	12b. KIND (OR INI Civi	DUSTRY	mri o
	POS PET	USUA	L RESIDENCE (II	IN NURSING HOME O	R OTHER IN		VE RESIDENCE								LIIG	OTAT	r De	TATE
21201	F ANY DEL	13a. S	Md.	Prin		eorge		or town		13d. INSIDE CIT	NO [13e. STRE			17 Dr.	2071	5	
		14. FA	THER'S NAME		MIDDLE		21 -0	LAST		15. MOTHER	R'S MAIDE			MIDDLE		LAST		
E, MD.	RA PA 3. RA PA 3. AND 2 S. OE VITAL	T	homas		MIDDEL	I		ton, S			Carr	ie		lae		ashno	ck	
BALTIMORE,	FTER DE FORM FON OF	16a. V	AS DECEASED	EVER IN U.S. ARA	WAR OR DA	CES?	4000	IAL SECURI		17. INFORM		(son		ADDRE	3518 3518	S. 1	30th	St.
TIM	B. GIVE PARENTE FOR WITH FOR T. PAGES 1		0	None				-01-48	54	Thoma	as Ha	milt	on Yo	oung	#DTC		tle,	Was
ST., B	HOUR IG W MIT. I		PARTIDEA	DEATH (Enter and TH WAS CAUSED	BY:	A			hurat	e into	xica	tion						ND DEATH
	HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,		950	/ IMMEDIAT		(0)		ISEQUENCE		0 21100			100					
PRESTON	LE IN LAST			, if any, which	1	(b)				-								
3	PENCIL AMINE LTRAN ENTAL REMO	IM		tating the <u>under</u> -	D		AS A CON	ISEQUENCE	OF		100							
301	OR A A S	1.9	lying coos	1051.		(c)												
DIVISION OF VITAL RECORDS,	X Q Q S 4 Q	Z	PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTE	NG TO OEATN	BUT NOT RELA	TEO TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PAI	RT 1 tal						
RECC	73445	CERTIFICATION	19a. DATE OF C	OPERATION	119	9b. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFORA	MED?					20 AUT	OPSY?	
ITAL	OUES TO	THE														YES	DX.	NO 🗆
OF V	ATE SE WOR THE CLD BE AENT CAENT		21a. EXTERNAL			HOUR A.M	F INJURY	DAY YEA	21c. H	OW INJURY						ART 2)		
NO	THE TO TH	MEDICAL	CONTRIBUTIN	G CAUSE OF	DEATH	? P.N	12/	2/ 197	9 In	gested	l ove	rdose	of	drugs	3			
SIVIS	NRING THE WOR WRITING THE WOR ARDED TO THE C GE 3 SHOULD BE THE DEPARTMENT OF THE DEPARTMENT OF THE CONTROLLED TO THE CO	MED	WHILE AT WORK			STREET, FAC	TORY, FARM, E	(AT HOME,		CATION STREET 09 Ken	hill	Lone	CITY OR TO	NWC	Pm cc	Geo. Co		MOSTATE
13.25	E. THIS RWARD RWARD PAGE STATE 21201 P		AT WORK	AT WORK		hon	16		41				······································				,,,	2200
	R = 0 -1			that I taak charg					Autop		Inspection		Inquiry		and in my o	pinion		
	EXAMINEI CERTIFICA ULD BE FG DIRECTOR WITH THE		death resulted	from Netur	ral causes	<u>.</u> .	Accident	L, S	uicide X	, Hamici TITLE (SF		Undete	ermined m	nanner [١.			
	E CE OULE H, W MAR		ACTUAL SIGNATURE_	8 1.M	1	NO			N		istan	t_MED	CAL FXA	MINER	DATE		3/79	9
	DICA TE TH SH VERA VERA ORE,				V	1												
4.	TO MEDICAL EXECUTE THE CLEXECUTE THE CLEASE A SHOULD TO FUNERAL DAFTER DEATH, V BALTMORE, MA		(TYPE OR PRIN	T)AI		Dix	on, M			ADDRESS		Penn		В	alto.,	MD.		
	PAF PAF BAF	23a.B	PECIFY)	ION, REMOVAL 2		,				R CREMATO		CITY	CATION	-		INTY	STAT	TE
nea	BP	74. FI	Cremat	or	12/5	779	I G	reenmo	unt (Cremat	OTY 25a. DATE I	REC'D. BY	I time	ore C	MELISTE APT	MATY		
030	DHMH - 17 (VR A15 ME (5))			Fleming	Fune	ral S	ervi	e - R	enson	Ma I	DFC	7 19	979	the	tay!	kelru	4	
	15M 7/76				- 0.220		·	- 1	0210011	- LANO!					_		1	

